

SOUTHEAST PARK RESERVATION FORM – 2007

APPLICANT: _____

TYPE OF USE: _____

INDIVIDUAL FIELD REQUESTED:

- A. EAST BASEBALL FIELD: _____
- B. WEST BASEBALL FIELD: _____
- C. EAST SOCCER FIELD: _____
- D. WEST SOCCER FIELD: _____

MONTH(S) REQUESTED: _____

DAY OF WEEK REQUESTED:

MONDAY _____ TUESDAY _____ WEDNESDAY _____
THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY Not Available

TIME OF DAY REQUESTED: _____

Please list specific times.

MAILING ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (W) _____

APPLICANT'S
SIGNATURE: _____

DATE: _____

PLEASE NOTE: **APPLICANT MUST SUPPLY CURRENT CERTIFICATE
INSURANCE WITH APPLICATION.**

**325 SOUTH RAILROAD STREET
PALMYRA, PA 17078**

**ALL RESERVATIONS CONSIDERED ON A FIRST COME, FIRST SERVE
BASIS. . . BASED ON SENIORITY.**