

CITY OF BRECKENRIDGE  
105 N ROSE AVE  
BRECKENRIDGE, TX 76424

## APPLICATION FOR USE OF THE PARK PAVILION

CONTACT INFORMATION			
Name of Person or Organization:			
Name of Responsible Party: (If Different from Above)			
Mailing Address:			
City:	State:	ZIP Code:	
Phone:	Home:	Cell:	Work:
USAGE OF THE PARK PAVILION			
Date(s) of Use:			
Hours of Use:	Start:	End:	
Purpose of Use:			
The following arrangements have been made with the City Manager of Breckenridge for special services in connection with the use of the Park Pavilion:			
Total Charges for Special Services:			
The undersigned has read the rules and regulations for the use of the Park Pavilion and fully understands them and further agrees that I, the undersigned, am personally and/or officially responsible for any damages or losses. It is understood that no more than actual repair or replacement cost will be charged, but that any such amounts shall become immediately payable.			
Signature of Responsible Party:			Date:
Deposit Amount: \$100.00	Rental Amount: \$50.00	Receipt #:	
Signature of City Representative:			Date:
REFUND			
Date Deposit Refunded:		Amount Refunded:	
Signature of Person Refunded:			Date:
Signature of City Representative:			Date: