P.O. Box 408 1 Max Lockwood Drive Statesboro, Georgia 30459



Phone: (912) 764-5637 Fax: (912) 764-2425 E-mail: mail@bullochrec.com

RENTAL CONFIRMATION

Facility (please circle):	Civic Room	Sr. Citizens Multi-Purpose Room		m	Brooklet Building			
Name of Individual / Or	ganization						_	
Contact Person if Orga	nization							
Mailing Address(S	Street)		(City)		(Stat	e)	(Zip Code)	
Telephone Number(H	lome)		(Work)	(Cell / Other)		er)		
E-Mail Address								
Day / Date of Rental							_	
Time of Reservation: T **Your time of reservation after must take place	rvation MUST in	clude your set t	me Out up and clean u					
Type of Rental (Birthday ** Depending on the typ	Party, Family Reunion, e of rental, a securi	Youth Dance, Etc.) ty guard may be hi	red at the renter's	expense is	f deemed ned	cessary by S	BCPRD**	
Number of People Expected to Attend			Age G	Age Group of People Attending				
If room is reserved for r ** A minimum of 1chape			end					
Department. I u reservation con	nation of the reservat nderstand that my re tract form is complete l, understand, and be	servation is not com ed. By signing belov	plete until the renta v, I am confirming th	l fee and de he above in	eposit is paid formation to l	and a facility be correct and		
	Renter's Signatu	ire				Date		
6 6 6 6 6		C C OFF	ICE USE ONLY) (<u>)</u> (
Rental Fee Due:	Paid: YES	NO Security	Deposit:	Paid:	YES NO	Permit #_		
Staff Making Reservation	<u>:</u>			Toda	ıy's Date:			
Κ ον #	Kov Da	aturned: VEQ N	ın	Denoci	t Paturnad to	Dontor: VE	S NO	