Rental Form

City of Lewisburg
Parks & Recreation

PLEASE PRINT   RENTAL DATE: _____

Name: _____

Phone Number: _____ Phone Number 2: _____

Address: _____

Refunds will be sent here

City: _____ State: _____ Zip Code: _____

Email: _____

*In the event of cancellation, all refunds are done through city hall. A <u>CHECK</u> will be mailed to the above address.

Facility to be reserved for rental:

[ ] Shelter #1   [ ] Shelter #2

Staple Receipt Here

Time of Rental: _____ to _____

Type of Function: _____

Estimated Number of Attendees: _____

Who is the Rentals Contact Person (the Person in charge)?

Name: _____ Phone Number: _____

Total to be PAID = _____ ($25 per day)

Rental Fee Paid: _____ Receipt #: _____ Received by: _____ Date: _____

Renter's Signature: _____

Date: _____

Employee initials: _____
Date of booking: _____

OFFICE USE ONLY

Date: _____

Account #: 110-34742-000

Amount: _____

For: _____

Requested by: _____

1551 Mooresville HWY, Lewisburg, TN 37091 (931) 359-2482

Lewisburg Tennessee
In the Middle of Everything