

Deposit Return Date: _____

Date Received: _____

Received By: _____

Received by: _____

Receipt # _____

Town of Mangonia Park

1755 East Tiffany Drive

Mangonia Park, FL 33407

Phone: (561) 848-1235

After Hours Emergency Phone: (561) 848-2512

Fax: (561) 848-6940

Info@townofmangoniapark.com

ADDIE L. GREENE PUBLIC PARK RESERVATION

A DEPOSIT OF \$250.00 AND A NON-REFUNDABLE \$100.00 PUBLIC WORKS FEE

MUST BE SUBMITTED WITH THIS APPLICATION

(Make checks payable to the Town of Mangonia Park)

Date: ___/___/___ Requested Facility: Clarence R. McConnell Pavilion
 Jackie Robinson Youth Ball Field
 Willie J. Thomas, Sr. Picnic Grounds

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ (PLEASE INCLUDE AREA CODE) Work/Cell: _____ (PLEASE INCLUDE AREA CODE)

Drivers License # (PLEASE ATTACH COPY) _____ State: _____

Is the above address the same as your mailing address? Yes No

If No, please list mailing address _____

City: _____ State: _____ Zip Code: _____

Date and Time of Reservation: ___/___/___ , ___:___ AM PM

I, _____ understand that the park is inspected before and after my reservation date. I acknowledge that my deposit can be retained if there are any damages done to the property or if the area is left in disarray.

Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____.

He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

Signature of Notary

(SEAL)