

PARK SHELTER RENTAL FORM

Customer Information

| | |
|------------------|--|
| Name | |
| Address | |
| City, State, Zip | |
| Phone Number | |
| Email | |

Event Information

| | |
|-------------|--|
| Date(s) | |
| Time(s) | |
| Description | |

Desired Shelter: You must use the shelter calendar available at www.cityofavoca.com to determine shelter openings and availability.

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Shelter #1 | <input type="checkbox"/> Shelter #5 |
| <input type="checkbox"/> Shelter #2 | <input type="checkbox"/> Shelter #6 |
| <input type="checkbox"/> Shelter #3 | <input type="checkbox"/> Shelter #7 |
| <input type="checkbox"/> Shelter #4 | |

Electricity Needed (Circle One): Yes or No

Payment Information: Payment of the **\$25 fee** must be received with this form or the reservation will not be made. Payment must be made in one of the following methods:

- Payment made by check payable to “City of Avoca” enclosed with form.
- Payment made by money order payable to “City of Avoca” enclosed with form.
- Payment to be made by Mastercard, Visa, or Discover credit card
 - Credit Card # _____
 - Credit Card Expiration Date _____
 - Security Code (three-digits on back of card) _____
 - Address for Card _____

Signature of Applicant

Date

RETURN TO: CITY HALL; PO Box 246; AVOCA, IA 51521