

Pavilion Reservation Form

Date of Reservation: _____ DATE OF CALL: _____

Reservation for (Description): _____

Contact Person: _____

Contact Phone Number: _____

Email: _____

Amount Paid: _____ Receipt #: _____

PAID BY: _____ Check # _____ Cash

Center Representative _____

	MEMBERS	NON-MEMBERS	CLASS REUNIONS
Weekends	\$75	\$125	\$125
M – F	\$40	\$75	\$75

NOTE: RESERVATION WILL ONLY BE HELD FOR 7 DAYS FROM THE DATE OF CONTACT. MUST HAVE FULL PAYMENT FOR DEPOSIT WITHIN THIS TIME FRAME OR RESERVATION WILL NOT BE GUARANTEED, IF DEPOSIT IS MADE THEN FULL PAYMENT MUST BE RECEIVED WITHIN 30 DAYS OF RESERVATION.

_____ Date Posted to Calendar