

2430 Roman Forest Blvd.
Roman Forest, Texas 77357



Chris Parr
Mayor

JACK BURKE PAVILION
RESERVATION AGREEMENT

_____	_____
Name	Type of Function
_____	_____
Street Address	Organization Name (if applicable)
_____	_____
City, State and Zip	Date and Time of Function
Home _____ Work _____	Number of People Attending _____

I hereby acknowledge that I have received a copy of the Rules and Regulations for reservation of the Jack Burke Pavilion and agree to the provisions of same. I agree to be responsible for full compliance with said provisions and further agree that all claims against the City of Roman Forest for damages occasioned in any manner by the Reservation Agreement executed herewith shall be waived and held null and void.

_____	_____
Signature	Date

We are happy to provide this facility for your pleasure and enjoyment. We hope your visit will be a pleasurable experience.

\$ _____	_____	_____
Deposit	Date Paid	Rental Fee Paid/Method of Payment

Is deposit refundable? Yes _____ No _____ If NO, give reasons for refund denial.

If Yes, refund amount and date issued. \$ _____ Date _____

Signature of person receiving refund. _____

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**TO: Roman Forest Police Department
Roman Forest Maintenance**

The Jack Burke Pavilion is reserved:

Date: _____

Approximate time: _____

By: _____

Phone: (Home) _____ **(Cell)** _____

Purpose: _____

**If you have any questions regarding this reservation, please call:
Sheryl Muro at (Office) 281-399-2660 ext. 101.**

**Sheryl Muro,
City Secretary**