



CITY OF SUGAR CREEK
Parks and Recreation Department
103 S. Sterling Sugar Creek, Mo 64054
(816) 252-4400 ext. 137

FACILITY'S RESERVATION FORM

PLEASE PRINT

Facility Requested: _____ Date Requested: _____

Time: From: _____ To: _____ (Time needs to include set up and clean up)

Name: _____

Resident Address:: _____

City. _____ St.: _____ Zip: _____

Day Time Phone #: _____

Evening Phone#: _____ Cell/ Pager # _____

E-mail : _____

Alternate Contact person: _____ Phone # _____

Type of activity or event: _____

NOTE: \$50.00 deposit is required before permit is issued. Deposit is refunded if facility is left in good condition and all trash, etc. is placed in receptacles.

Users of shelter house are to park in shelter house parking lot and along adjacent roadways.



Date of deposit: _____

Deposit of: _____ Accepted by: _____

Deposit Refunded: _____ Approved by: _____

No refunds will be issued if inclement weather, flooding other acts of nature cause the facility not to be used. or for any other reason.