



Texas City Department of Recreation & Tourism
RESERVATION REQUEST – CARVER COMMUNITY CENTER



Please print clearly. This form must be completed in full on the date the room is reserved. If not, the reservation is void.

Event Name: _____

Date of Event: Day of Week _____ Month _____ Day _____ Year _____

Rental Time: (Includes set up and clean up): Start Time: _____ End Time: _____
 Actual Time of Event: Start Time: _____ End Time: _____

Event Type: Meeting Reception

Room Requested: Thomas Carter Room Classroom (must have director's approval)

Estimated Number of Guests: _____ (maximum 70 guests in Carter Room)

Will ALCOHOL be present: Yes No (If yes, a security form must accompany this form)

Entry/Admission Fees charged: Yes No (If yes, permits and insurance requirements must be met)

Room Package Fee	\$
Deposit	\$
Early Arrival (7 am - \$40)	
Early Arrival (6 am - \$80)	\$
Overtime Fee	\$
White Table Linen (\$2/each)	\$
Media Package (\$50)	\$
TOTAL AMOUNT	\$
TOTAL AMOUNT PAID	\$
Remaining Balance Due Date:	

Number of Chairs (max 75)	
Number of 8' Tables (max 10)	
Number of 8' Tables (max 8)	
Free Standing Podium	
US & Texas Flags	
Easel	

**This reservation is subject to review by the Recreation & Tourism Director and/or the Texas City Police Chief, after which, additional security fees may be added to the total amount due, if deemed necessary. You will be notified of and required to pay any additional fees, which will be added to your balance due. _____ (Initial)*

By signing this form, I hereby affirm that all information is correct and complete. I will be present during this function and fully accountable for compliance with all center policies of which I have informed myself. I have received a copy of the policies of Recreation & Tourism and understand them fully and agree to comply. _____ (Initial)
 I will be financially responsible for any alteration, defacing or unreasonable clean up and damages resulting from this event. Furthermore, I agree to pay all fees due and present any required permit/license/police form(s) in advance or forfeit this reservation.

 Signature

 Date

 Name (Please Print Clearly)

 Connection to Event

 Home Phone

 Address

 City

 State

 Zip

 E-mail

 Fax Number

 Alternative Phone

Office Use Only: Rsv#: _____

H/H#: _____

Fee Event **OR** No Fee Event

Initials _____ Date _____