



Texas City Department of Recreation & Tourism
OUTDOOR PAVILIONS & SHELTERS – RESERVATION REQUEST



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: _____

Event Type: _____

Estimated Number of Guests: _____

PER CITY ORDINANCE, ALCOHOL IS NOT ALLOWED IN CITY PARKS

Please check the pavilion(s) and/or shelter(s) you would like to reserve:

- | | | |
|--|---------------------|-----------------------|
| <input type="checkbox"/> Bay Street Park Front Shelter | TC Resident \$25.00 | Non Resident \$50.00 |
| <input type="checkbox"/> Bay Street Park Back Shelter | TC Resident \$25.00 | Non Resident \$50.00 |
| <input type="checkbox"/> Bay Street Park Gazebo | TC Resident \$50.00 | Non Resident \$75.00 |
| <input type="checkbox"/> Bay Street Park Amphitheater | TC Resident \$50.00 | Non Resident \$75.00 |
| <input type="checkbox"/> Nessler Park Rotary Pavilion | TC Resident \$50.00 | Non Resident \$75.00 |
| Electricity Needed: _____ | | |
| # of Trashcans Requested: _____ | | |
| <input type="checkbox"/> First Lady Pavilion | TC Resident \$75.00 | Non Resident \$100.00 |
| Electricity Needed: _____ | | |

Total Rental Fee: \$ _____

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 City policies of which I have informed myself. _____ (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#: _____

Initials _____ Date _____

Updated 3.10.14