



City of Texas City
Department of Recreation & Tourism



DEPOSIT

Date of Event: _____

Room(s) Rented:

- | | | |
|--|---|--|
| <input type="checkbox"/> Texas Heroes Room | <input type="checkbox"/> Wings of Heritage Room | <input type="checkbox"/> Showboat Pavilion |
| <input type="checkbox"/> Stephen F. Austin | <input type="checkbox"/> Captain's Room | <input type="checkbox"/> Lynn Ray Ellison Room |
| <input type="checkbox"/> William Goyens | <input type="checkbox"/> Surf Room | <input type="checkbox"/> Carver Founders Room |
| <input type="checkbox"/> Sam Houston | <input type="checkbox"/> Alamo Room | <input type="checkbox"/> Carver Pavilion |
| <input type="checkbox"/> Lorenzo de Zavala | <input type="checkbox"/> Davey Crockett | <input type="checkbox"/> Carver Outdoor Pavilion |
| <input type="checkbox"/> Founders Room | <input type="checkbox"/> Texas City Museum | <input type="checkbox"/> Davison Home |

PLEASE MAIL DEPOSIT TO:

Name (please print)

Phone Number

Mailing Address

City

State ZIP

I understand that this deposit will be returned to me by mail, providing no damages to the facility have occurred. I further understand that the process of invoicing this deposit through City Hall Accounting may take up to three weeks before delivery.

Signature

Date

FOR OFFICE USE ONLY:

AMOUNT OF DEPOSIT PAID \$ _____ DATE PAID _____ INITIALS _____

Rsv#: _____ H/H#: _____ Rct# _____