CITY OF LEMOORE 19TH AVENUE PARK

FIELD RESERVATION FORM

A. For Individual Use 1. Name	SE	CT]	ION I - GENER	AL INFORMATIC	<u>)N</u>			
2. Address								
2. Address					I	Phone No.		
3. Resident of Lemoore: Yes		2.	Address					
1. Name of Organization or Group 2. Organization/Group Address 3. Name of Responsible person Address		3. Resident of Lemoore: YesN				0		
1. Name of Organization or Group 2. Organization/Group Address 3. Name of Responsible person Address	R	Fo	r Organization of	Group Use				
2. Organization/Group Address 3. Name of Responsible person Address	D.	1 Name of Organization or Group						
Address		2	Organization/G	roun Address	ddress			
SECTION II — RESERVATION INFORMATION A. Requested Date and Time (s) of use: Day of Week Date Field Time M to B. Type of Use Please describe in full: C. Estimated Attendance: PLEASE NOTE: - Alcoholic Beverages are not allowed in the Park Vehicles are not allowed in the Park Please leave facility clean. I, the undersigned, hereby agree to hold the City of Lemoore Free and Harmless from any liability in connection with the use of the park. Date:		3	Name of Respon	nsible nerson			 	
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Parks and Recreation Director: Date:	Re	asoı	n for Denial:					
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