



Pavilion Reservation Request

Municipal Code 10-92

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

Applicant's Full Name: _____

Applicant Address: _____

Phone: _____ Email: _____

Mailing Address: _____

Group Name (if applicable): _____

Group Address: _____

Phone: _____ Email: _____

Mailing Address: _____

Type of Function: _____ Group Size: _____ Date of Rental: _____

Start Time (including set up): _____ End Time (including clean up): _____

Description of Event: _____

Received and read Park Rules:

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____

Date Received: _____

Amount Due: _____

Fee Paid: Staff Initials: _____

Deposit Paid:

Approved: _____

Date: _____

Deposit Return: Staff Initials: _____

Notes: _____
