



# 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:

By signing below applicant states, 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: \_\_\_\_\_

\_\_\_\_\_