Devers Creek Park Pavilion Rental Agreement

Name/Lessee:		
Address:		
		Zip:
Phone: Home:	Worl	k:
Deposit Fee:		
Rental Fee:	*	
Time of Event :		
Type of Event:		
damages are found the les	ssee will be notified a	onducted after every event. If any arrangements to fix the damage unds for refusal of future facilities
		for any damages, injuries or losses activity at the Devers Creek Park
*Having met with the aut and terms of this agreemer		e, I fully understand the conditions
Date:		
Applicant:		