



Organization Information

Name of Group/Organization: _____

What is your organization's purpose?

Name of Group/Organization Contact Person: _____

Contact Phone Number: _____

Contact Email Address: _____

Mailing Address:

City, State, Zip Code:

Event Information

Requested date of event: _____

Event times (from set up to the time cleanup is done): _____

Park or Large Pavilion requested:

How many people do you expect at your event?

What type of activities will you have at your event (be specific – i.e. food, bounce houses, music, etc.)?

Will there be a charge for the event or any items sold at the event? If so, please explain:

Please submit completed form to Melissa Andel, City Secretary in one of the following manners: • Scan and email the form to coforchard@twlt.net • Fax the form to 888-216-8503 • Drop the form off at the City Hall located at 9714 Kibler St, Orchard, TX 77464, Monday through Friday 8 am to 2 pm

For Office Use Only: Staff Initials _____ Date/Time Received _____