



Parks and Recreation Department Pavilion Reservation Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____ \$15:00 (Non-refundable): _____

Pavilion #: _____ Date/Time: _____

Make check out to: **City of Park Hills, Missouri**

Mail this form and your deposit to: **City of Park Hills, Missouri**
9 Bennett Street
Park Hills, Missouri 63601

----- Do not detach -----

Park Hills Parks and Recreation Department

Received from: _____ Amount: _____

Your reservation form is on file. Please keep a copy for your records.

If you have any questions, contact Park Hills City Hall at (573) 431-3577.