

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: _____

Park facility/s 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 Carrie Kmiec, Recreation Programs Coordinator in one of the following manners:

- Scan and email the form to RosenbergPARD@rosenbergtx.gov
- Fax the form to (832)595-3961
- Drop the form off at the Rosenberg Civic Center located at 3825 Hwy. 36 South, Rosenberg, TX 77471, Monday through Thursday 7:30 am-5:30 pm or Friday 8:00 am to 5:00 pm

For Office Use Only: Staff Initials _____

Date/Time Received _____