



## Facility Booking

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Function: \_\_\_\_\_

Facility/Park: \_\_\_\_\_

Number of People Attending: \_\_\_\_\_ Age Group: \_\_\_\_\_

Requested Date and Time: \_\_\_\_\_

Alternative Date and Time: \_\_\_\_\_

Alcohol Permit: Yes \_\_\_\_\_ **Please ask front desk attendant for the Alcohol Permit**  
No \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Mail or drop off this form to Recreation Services 280 Lamar St Broomfield CO 80020