

# CASTROVILLE REGIONAL PARK GROUP FACILITIES REQUEST FORM

Rev. 7-7-09

Date of Request: \_\_\_\_\_

Name/Contact Person: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Organization: (if applicable): \_\_\_\_\_

Check Area Desired:

Area # 1: (4 tables @ \$40.00/day) \_\_\_\_\_

Area # 4: (4 tables @) \$40.00/day) \_\_\_\_\_

Area # 2: (6 tables @ \$50.00/day) \_\_\_\_\_

Area # 5: (4 tables @ \$40.00/day) \_\_\_\_\_

Area # 3: (8 tables @ \$60.00/day) \_\_\_\_\_

Check Pavilion Desired:

Other: (Describe) \_\_\_\_\_

(#1) Large Pavilion: (4 tables @ \$90.00/day) \_\_\_\_\_

(#2) Smaller Pavilion: (2 tables @ \$60.00/day) \_\_\_\_\_

\*Day and Date of Use: \_\_\_\_\_

Hours of Use: \_\_\_\_\_

\*\*Type of Event: \_\_\_\_\_

Approximate # of people: \_\_\_\_\_

(birthday party, school or church event, reunion, etc.)

**\*\* If your plans include any activity that will impact, limit or affect the general public's use of the park, pool, RV Park, and/or Trails (i.e. closing or roads or trails, even temporarily) and/or attendance is expected to exceed 200 people, you must complete a Special Events Request Form, and present your plans to the "Special Events Coordinating Committee" for approval.**

\*If this date is for the weekend of Easter, Memorial Day, 4<sup>th</sup> of July, or Labor Day, there will be an additional fee of \$5.00 per vehicle. Ask Reservation Clerk for details.

\*\*If your event will include a party "inflatable", special permission must be obtained.

**Total cost of facilities checked is: \$ \_\_\_\_\_.** (Note: Facility fees are subject to change. In the event of a change, the person making this reservation will be notified by phone, and given an opportunity to cancel)

Facilities not guaranteed ready for use before 9:00 am.

*Note: Completion of this form does not guarantee your reservation. Payment in full must be made within 5 business days of notification of approval.*

*This request form can be hand-delivered or mailed to: City of Castroville, 1209 Fiorella,, Castroville, TX. 78009.*

*It can be phoned in to: 830-931 4070; faxed to: 830-931 6373; or emailed to : [reservationclerk@castrovilletx.us](mailto:reservationclerk@castrovilletx.us).*

*Checks should be made payable to the City of Castroville. No refunds.*

*Reservation can be re-scheduled in the event of inclement weather.*

**If this event is during regular swimming pool season, please also answer these questions:**

*(See flyer for dates/hours of pool operation, special programs, and fees)*

Approximate # of children under 8 years old who will be in the pool w/an adult \_\_\_\_\_

Approximate # of children 8 – 13 years old who will be in the pool \_\_\_\_\_

Approximate # of teen-agers who will be in the pool \_\_\_\_\_

Approximate number of adults who will be in the pool \_\_\_\_\_

Note: This information is needed in order to insure adequate lifeguard supervision.

For office use only:

Date received: \_\_\_\_\_ Via: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mail: \_\_\_\_\_ In Person: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Reservation Granted \_\_\_\_\_ Reservation Denied \_\_\_\_\_ Referred to City Administrator by: \_\_\_\_\_

Reason, if denied: \_\_\_\_\_

Date/Time Person Notified: \_\_\_\_\_ by: \_\_\_\_\_

Date and Amount Paid: \_\_\_\_\_ Accepted by: \_\_\_\_\_

Notes: \_\_\_\_\_

Copy to:  
Park Manager  
Park Ranger  
Pool Manager