

RESERVATION:

Date Received: _____ Park Fee Amount: _____

Park Fee: Money Order# _____ Cashier's Check# _____

Bounce Castle/Waterslide: YES NO ******If yes, fee applies**

Before/After Hour Fee: _____

Security Officer: _____ Badge #: _____

Port-a-potty _____

Fee paid in full: YES NO

Name of Person who delivered check: _____

Frio County Receipt: _____

Application Completed and Signed: YES NO

Approved: YES NO

Signature/Date _____

I DECLARE THAT I HAVE REVIEWED THE RULES AND REGULATIONS OF FRIO COUNTY AND I SHALL ABIDE BY THEM.

APPLICANT SIGNATURE

DATE

REFUND/OFFICE USE ONLY:

Refund Issued: YES NO

Amount of Refund: _____

Date of Cancellation: _____ Date Refund Request Submitted: _____

Signature Road & Bridge Secretary: _____ Date: _____