



CITY OF ENNIS, TEXAS

Parks Department

P.O. Box 220 • Ennis, Texas 75120
• (972) 875-1234 • FAX (972) 875-6107

Facility or Field Reservation Application

Today's Date: ___/___/___

- Bluebonnet Park Lions Park Roger Maise JC Park Veterans

Check all that applies:

- Pavilion Rental Fee: Half Day: \$75.00 Pavilion Rental Fee: Full Day: \$100.00
Athletic Field Light Fee: \$10.00 per hour Athletic Field Fee: \$10.00 per hour

Organization Name (if any): _____

Contact Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____

Date of Event: _____ Times: ___:___ am/pm to ___:___ am/pm

For the purpose of: _____

Estimated Attendance: _____ Set Up Date/Time: _____/___:___ am/pm

- Arts & Craft Vendors Food Vendors Live Music Live DJ

CANCELLATION or TRANSFER REQUEST

If for any reason you will need to cancel or transfer your reservation, you will need to submit the attached form (Ennis Parks Facility Rental Cancellation or Transfer Request) by fax, in person, mail or email within 5 days of scheduled event or rental fee will be forfeited. If you need assistance after hours contact 972-875-4465.

Please note: It is the responsibility of the person reserving the pavilion to see that the pavilion is cleaned and all trash is picked up and disposed of prior to leaving the park.

No tacks, nails, staples, tape or any other device may be attached to the wood or stone work of the pavilion.

Signature: _____ Date: _____

PARKS DEPARTMENT USE ONLY

Paid by Cash _____ Check # _____ Approved Date: _____

Parks Department Name (Print): _____ Signature: _____



City of Ennis

P.O. Box 220
500 Lake Bardwell Drive
Ennis, TX 75120
(o) 972.875.1234 (f) 972.875.6107
Email: parksdept@ennistx.gov

Ennis Parks Facility Rental Cancellation or Transfer Request

Cancellation or Transfer Policy:

The Ennis Parks Department must receive notification no less than five (5) business days prior to the reserved date stated on the application. Please note: Only completed request forms will be processed.

I request to Cancel [] or Transfer [] my reservation on _____ (Date). Please transfer my reservation to _____ (Date).

Customer Name: _____ Ph. #: _____

Facility Name: _____ Date of Request: _____

Form must be submitted 5 days prior to scheduled event by fax, in person, mail or email. The requestor must be the same person that came in to reserve the facility. We will not accept phone call request. Must give at least 5 days' notice to cancel and request a full refund.

Reason for Cancellation: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Check will be mailed to: Requestor on file from reservation.
Make sure customer address etc. is the same as shown on application.

Received by: _____ Date: _____
(Office Staff)

Refund Approved by: _____ Date: _____
(Director of Parks)