



City of Alma
P.O. Box 429, Alma, GA 31510
912-632-8072

USE OF PARK FACILITIES APPLICATION
PLEASE HAVE APPLICATIONS COMPLETED 14-DAYS IN ADVANCE

APPLICANT/ RESPONSIBLE PARTY:

NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

COMMUNITY SPONSOR:

NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

PARK FACILITY REQUESTED:

ML KING, JR PARK: _____

GOLDWASSER PARK: _____

MEMORIAL PARK: _____

AMPHITHEATRE: _____

LINEAR PARK: _____

OTHER FACILITY: _____

EVENT DESCRIPTION:

EVENT DATE: _____ EVENT BEGIN TIME: _____ END TIME: _____

SUPPORT SERVICES REQUESTED:

ELECTRICAL _____

STREET BARRICADES _____

ROLL CART TRASH CANS _____

RESTROOMS _____

APPLICANT SIGNATURE: _____ **DATE:** _____

PLEASE MAKE SURE ALL TRASH/DEBRIS IS PLACED IN TRASH CANS, TO KEEP OUR PARKS CLEAN