

**Friends of Salt Springs Park  
Pavilion Registration**

**FORM**

Date \_\_\_\_\_

Member \_\_\_\_\_ Nonmember \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Date(s) of reservation requested \_\_\_\_\_

**Nature of function**

Wedding \_\_\_\_\_

Reception \_\_\_\_\_

Reunion \_\_\_\_\_

Other \_\_\_\_\_

**Number of guests expected** \_\_\_\_\_

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*For office use only:*

Processed by \_\_\_\_\_

Date confirmation was given \_\_\_\_\_

Date cancellation was received \_\_\_\_\_