



PICNIC SHELTER RESERVATION FORM - ORGANIZATION

Purpose: _____ Estimated # of Users (Maximum: 50 per shelter): _____

Please select the shelter(s) you wish to reserve:

Armour House and Gardens at Meadowview Park	<input type="checkbox"/> 1						
Cheswick Park	<input type="checkbox"/> 1						
Crump Park/Meadow Farm	<input type="checkbox"/> 1	<input type="checkbox"/> 2					
Deep Run Park	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
Dorey Park	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dunncroft/Castlepoint Park	<input type="checkbox"/> 1						
Echo Lake Park	<input type="checkbox"/> 1						
Hidden Creek Park	<input type="checkbox"/> 1						
Osborne Park	<input type="checkbox"/> 1	<input type="checkbox"/> 2					
Robinson Park	<input type="checkbox"/> 1						
Springfield Park	<input type="checkbox"/> 1						
Three Lakes Park	<input type="checkbox"/> 1	<input type="checkbox"/> 2					
Laurel Recreation Area (Available Jan - July only)	<input type="checkbox"/> 1						
Short Pump Park (Available Jan - July only) Closest to the ballfield	<input type="checkbox"/> 1						
Vawter Street/Glen Lea Recreation (Available Jan - July only)	<input type="checkbox"/> 1						
Virginia Randolph Recreation Area (Available Jan - July only)	<input type="checkbox"/> 1						

RESERVATION DATE: _____ 2nd Choice: _____ 3rd Choice: _____

Completed reservation form and fee must be received in our office a minimum of five (5) business days prior to the reservation date and no earlier than one (1) year in advance and is limited to availability. Refund request must be made in writing and received in our office thirty days prior to reservation date. For more details, please review the Picnic Shelter Reservation Guide on our website.

I.D. REQUIREMENTS: The physical address on a business card, organization letterhead or check (which must match payment) is acceptable.

FEE SCHEDULE:

\$25 per shelter, per time slot for the following time slot(s). Please check desired time.

9 a.m.-2 p.m.: \$25 3 p.m.-dusk: \$25 All Day: \$50

PAYMENT INFORMATION: Payable to "County of Henrico."

Organization Name (Must match printed name on check/card): _____

Organization Address/City/State/Zip Code: _____

Organization Primary Phone: _____ Secondary Phone: _____

Authorized Agent Name: _____ Agent Primary Phone: _____

Email: _____ Gender: M / F Date of Birth: _____

Emergency Contact: _____ Relationship: _____ Primary Phone: _____

Cash/Exact Change (*Walk-in only*)

Credit Card (*American Express, Discover, MasterCard, and Visa*) Check/Money Order #: _____

**Mail-in reservations can only be made with Check/Money Order.*

Total Fees: _____

For a shelter reservation you are allowed to have the following: a maximum of 2 grills, use of a caterer, and a small music device that does not require amplification. **Please list any additional items you are requesting permission to bring or set up (subject to Division approval).**

In reserving a picnic shelter, I agree to assume the responsibility of having all members of my group adhere to the Henrico County Ordinance, Chapter 14, Section 14-31 to 14-52 and the Picnic Shelter FC107327

Reservation Guidelines. A copy of this information is attached to your permit and receipt. Please bring this information with you for contact numbers and reservation verification on your reserved date. **I UNDERSTAND THAT THERE IS NO ALCOHOL PERMITTED ON COUNTY PROPERTY.**

Signature (Must match payment name): _____ Date: _____