



39811 State Highway 6, P.O. Box 68  
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## PARK PAVILION RESERVATION FORM

RESERVATION DATE \_\_\_\_\_ TIME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PARK PAVILION (Please circle one):      City      West Park (Ballfield)

ACTIVITY (Wedding, Meeting, Etc.) \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

CITY EMPLOYEE SIGNATURE \_\_\_\_\_