

Ahwahnee Hills Regional Park Reservation Request Form

Activity Description_____

Date Requested_____ Open to the Public_____

Area Requested_____

Set up time:_____ Start Time:_____

End Time:_____

Number of People Expected:_____

Name/Organization:_____

Contact Name:_____

Address: _____

Phone:_____

Please keep this form with you while using the park. This is your receipt and proof of reservation.

I have read the above and understand that non-compliance of any items could result in loss of deposit.

Applicant Signature:_____

Authorized Signature:_____

Date:_____

See attached map for location of facilities.

Copy to Requester & Custodian (Revised 7/26/2016)