



INFORMATION FORM FOR USING
COLONIAL PARK OR ELIZABETH VANN
MOORE PARK

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

Cell Phone Number: _____

E-Mail Address: _____

Date of Function: _____

Activities Scheduled: _____

Time: _____

Signature

** Please review the attached rules and regulations for the use of Colonial Park and Elizabeth Vann Moore Park.