

Date of Application: / /



OVERTON PARK Rental Application

For complete details on reservation process, fees, and guidelines, please review the Overton Park Rental Guidelines & Procedures. After reviewing, please complete the following application and send by mail to Overton Park Conservancy, 1914 Poplar Avenue, Suite 202, Memphis, TN 38104 along with a check for \$100(non-refundable application fee). Any questions? Please call Susan Green, Director of Events, Overton Park Conservancy, 901.214.5450, or e-mail sgreen@overtonpark.org.

CONTACT INFORMATION

Contact Name: _____

Organization (if applicable): _____ NON-PROFIT

Phone Number: () _____ Mobile Number: () _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

EVENT DETAILS

Location Requested: East Parkway Pavilion Rainbow Lake Pavilion Greensward
 Veteran's Plaza Formal Gardens

Date(s) Requested: _____

Type of Event: Family Reunion Birthday Party Company Picnic
 Wedding Other: _____

Estimated Attendance: _____ Setup Time: _____ AM PM Start Time: _____ AM PM

End Time: _____ AM PM Teardown Time: _____ AM PM

Will food, beverage and/or merchandise be sold? YES NO

If yes, please list: _____

Will alcohol be sold (special permit required*)? YES NO

If yes, please list: _____

*NOTE: Alcohol consumption in Overton Park is prohibited by law without proper permits from the Tennessee Alcohol Commission and Memphis Beer Board, and permission from Overton Park Conservancy.

Open flame or burning operations: YES NO

If yes, please describe: _____

Will you be charging a fee for this event? YES NO If yes, what is the fee? _____

I have communicated with Overton Park Conservancy, and I understand that OPC will charge me \$_____ for this event.

I hereby certify that I have read the Overton Park Rental Guidelines & Procedures, and fully understand and agree to abide by all of the material, rules and policies outlined herein. Failure to comply may result in my rental reservation being cancelled or terminated.

Applicant Name (Print) _____ Applicant Signature _____ Date / /

OPC Name (Print) _____ Title _____ OPC Signature _____ Date / /

Table with 5 columns: For OPC Use Only, Date Deposit Received, Amount of Deposit, Remaining Balance, Date Remaining Balance Received.