

**JACKSON RECREATION CENTER
1900 COMMERCE STREET
Jackson, Alabama 36545
251-246-2461**

NAME: _____

ADDRESS: _____

DRIVER'S LICENSE # _____

HOME PHONE: _____

CELL PHONE: _____

EVENT DATE & DESCRIPTION:

Example: wedding, party/birthday party, concert, etc.

DATE: _____

DESCRIPTION: _____

WILL ADMISSION BE CHARGED: **YES** _____ **NO** _____

WILL ALCOHOL BE SERVED: **YES** _____ **NO** _____

WILL ALCOHOL BE SOLD: **YES** _____ **NO** _____

**WILL ALCOHOL BE BROUGHT
BY PEOPLE ATTENDING:** **YES** _____ **NO** _____

RENTER: _____

CITY EMPLOYEE: _____

**IF ANY OF THE ABOVE INFORMATION THAT YOU HAVE PROVIDED IS
FALSE, YOUR DEPOSIT WILL NOT BE REFUNDED AND/OR THE EVENT
WILL BE CLOSED DOWN BY THE JACKSON POLICE DEPARTMENT.**