

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

NAME:

ADDRESS:

DRIVER'S LICENSE # _____

HOME PHONE: _____

CELL PHONE: _____

EVENT DESCRIPTION AND DATE:

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

DESCRIPTION _____

DATE OF EVENT: _____

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

**WILL ADMISSION BE SERVED
ON PREMISES:** YES _____ NO _____

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

**WILL ALCOHOL BE BROUGHT
BY PEOPLE ATTENDING
ON PREMISES** YES _____ NO _____

NAME OF CATERER: _____

NAME OF D.J. / BAND

SIGNED:

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**