

GROUP EVENT REQUEST FORM

(All events are subject to availability & approval)

Parks and Recreation Department: (402) 443-4174

Reservation Name:	ervation Name:Type of Event:				
Address:	ddress:City/State/Zip:				
Phone:	E	-mail:			
Date:	Time	e Slot (two-hour maximum for Su	uper Parties):	
	• •	ent needs to be completed by the ti r each 5 minutes past the end time			
S	select Your	Group Event Preferen	ces		
Meeting Room Rental:	□ \$20/	/hour + \$2/guest admissi	on (plus t	ax)	
 Exclusive use of meeting roo during regular Civic Center h \$2 per guest (plus tax) 	<u>iours</u> mee	ter responsible for basic eting room clean up (checklist vided)	-	oool & gym; shared with rs & patrons	
Super Party: □ Two hours in meeting room		mber (plus tax)		nember (plus tax)	
 after regular Civic Center how 20 Free admissions to Civic (\$2 for each additional gues 3 helium balloon bouquets 	<mark>ours</mark> Center ❖	signage Exclusive, private use of pool a	& gym 🗆	Happy Birthday banner4ft Blow up Cake	
If this is a child's birthday, tell us:	f this is a child's birthday, tell us: Child's Name: Age being celebrated:				
Balloon colors (Super Parties only		-	•		
FOR STAFF ONLY: TOTAL # of GUESTS			.00 = \$ AX = \$		