



Muirfield Association Inc.

REQUEST FOR USAGE OF GAZEBO

Name of Applicant: _____

Address: _____ Lot # _____

Phone: _____
Daytime Evening

Organization (if any): _____

Contact Person: _____ Phone _____

Liability Insurance Carrier (if any): _____

Address _____ Phone _____

Type of activity: _____

Date requested: _____

Time requested: _____ until _____

Number of persons attending: _____

Preparation needed: _____

Describe purpose, activities planned for this gathering: _____

Approved By: _____ Date _____

Disapproved By: _____ Date _____

Reference: _____
