



Date of Application _____
Date of Reservation _____
Approved By _____

City of Walker Community Center - Reservation Form -

Community Center #2
4101 Lake Michigan Drive, NW
Walker, Michigan 49534

Community Center #3
Upper level only
1470 Three Mile Road
Walker, Michigan 49534

Community Center: _____

Name _____

Address: _____ City/State/Zip _____

Telephone Number _____ Purpose: _____

Date Requested: _____ Key Pick Up: _____ **PLEASE
NOTE: WEEKEND RENTERS NEED TO PICK UP KEY ON THURSDAY BEFORE 4:30 PM OR
FRIDAY BEFORE 11:30 A.M.

Time Requested: _____ Key Return: _____ Before 5:00 pm

Payment Received in form of: Cash / Check _____ Receipt Number _____

Rental amount: _____ Total Amount: _____ Check Number _____

Deposit amount: _____

I certify that I received and understand the city's policies and procedures in regards to the use of a city facility.

Signature

OFFICE USE ONLY

Date and time key returned _____ Refund check number _____

