

TOWN OF BRIDGETON

VERNON BLADES PARK
RESERVATION APPLICATION

RESPONSIBLE PARTY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

EVENT TYPE: _____

DATE REQUESTED: ____/____/____ TIME REQUESTED: _____
Mo day year

I understand that any trash created by our event will need to be picked up and put in the Town provided trash cans. No open ground fires are allowed on Park Property. No firearms are allowed at the park.

It is not permitted for anyone to consume or possess open containers of any malt beverage or liquor or wine in the park. No one will be allowed to destroy or tamper with any items that belong to the park. I will abide by the regulations found in the Town Ordinance - Chapter 95 in the Town of Bridgeton Ordinance. (Available on our website at: www.townofbridgeton.org)

SIGNATURE OF RESPONSIBLE PARTY: _____

ZONING ADMINISTRATOR SIGNATURE: _____

Thank you and we hope you have a wonderful time at Vernon Blades Park, 100 Academy Park Drive, Bridgeton, NC 28519