

APPLICATION TO USE FRED B. JOHNSON CITY PARK

Applicant information:			
Name:Last			
Last	First	M.I.	
Address:			
Street	Town	State	Zip Code
Telephone Number: ()			
Alternative Number: ()			
Briefly describe the nature of the p	roposed activity:		
Date of Activity:			
Start Time:			
End Time:			
Area of Park to be Used:			
		No	
Estimated Number in Attendance:			