



BEE CAVE
TEXAS

Old Bee Cave School House Reservation Form

Applicant Information:

Full Name _____ Organization _____

Address _____ City _____ Zip Code _____

Phone No# _____ Email Address _____

Event Information:

Date of Event _____ Type of Event _____

Start Time _____ End Time _____ (additional fees for after hour reservations)

Estimated Attendance _____

Acknowledgement:

I have read and acknowledge the City of Bee Cave Facilities Reservation Policy. I agree to abide by all terms and conditions set forth in the policy. I understand that failure to comply with the policy could result in loss of future use. I further understand that failure to leave the room in the manner in which it was found will result in loss of deposit.

Applicant Signature

Date

(By typing your name, you are authorizing the City of Bee Cave to accept it as your original signature.)

Approval:

City of Bee Cave Authorized Signature

Date