

**Washington Oaks Gardens State Park**

6400 N. Oceanshore Blvd. Palm Coast, FL 32137

Phone: (386) 447-1553 • Fax (386) 446-6781 • E-Mail: Washington.Oaks.Gardens@dep.state.fl.us

**RECEPTION & PICNIC PAVILION AGREEMENT**

**(Reception & Picnic Pavilion available 8:00am until sundown) • \$100.00 plus tax = \$107.00**

**Date of Rental** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Time from:** \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm    **Number of People Attending** \_\_\_\_\_

**Reason for Rental** (wedding reception, etc.) \_\_\_\_\_

Bride's Name \_\_\_\_\_

Groom's Name \_\_\_\_\_

Representative if other than Bride/Groom \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail \_\_\_\_\_

**Driver's License number must be included if paying with personal or business check.**

**Please make the check payable to Washington Oaks Gardens State Park.**

Cash    Credit Card    Check # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit # on back of CC \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Park use only:** Date Paid \_\_\_\_\_ Cash Register Transaction \_\_\_\_\_

Special Notes \_\_\_\_\_

**WEDDING GUIDELINES ARE ATTACHED. MAKE SURE YOU HAVE READ, COMPLY AND UNDERSTAND THESE GUIDELINES BEFORE SIGNING BELOW.**

Signature of Group Representative \_\_\_\_\_ Date \_\_\_\_\_

**\*Park use only:** Confirmed \_\_\_\_\_ Date \_\_\_\_\_

