

Park Ballroom Application

Applicant and / or person responsible: _____

Organization / Business: _____

Driver License or ID number and expiration date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Contact Phone number: _____ W/H/M _____ W/H/M

Date(s) Requested: _____ Hours Requested: _____

(If you require additional time prior to (setup time) and after (tear down time) indicate this in the hours requested.)

Purpose for renting the facility: _____

Estimated number of people attending: _____ Will alcohol be served at this event? _____

Name of Insurance Agency/Company: _____

Entertainment: _____ Caterer: _____

_____ I would like to rent table service from the Park Ballroom for my event.

Comments and / or request:

Please allow up to five (5) working days for the approval or denial of your application to the facilities. We do apologize for any inconvenience that this might cause you. If there are any questions or concerns please feel free to contact the Park Ballroom.

Park Ballroom
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info@parkballroom.com