

CITY OF  
**BEE CAVE**  
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 \_\_\_\_\_

**Payment Information: Fees are listed in the Facilities Reservation Policy.**

Fee Amount \$ \_\_\_\_\_  
Deposit Amount \$ \_\_\_\_\_  
After Hours Amount \$ \_\_\_\_\_  
Total Amount \$ \_\_\_\_\_  
Credit Card No# \_\_\_\_\_ Visa MasterCard  
Name on Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder's Signature \_\_\_\_\_  
(By typing your name, you are authorizing the City of Bee Cave to accept it as your original signature.)

**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

**Office Use Only:**

Date Paid \_\_\_\_\_ Receipt No# \_\_\_\_\_