



# PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

## WEDDING WORKSHEET/APPLICATION

CUSTOMER SERVICE CENTER 503-823-2525 | FAX 503-823-2515

### CONTACT INFORMATION

CONTACT NAME:

ADDRESS:

CITY:

ST:

ZIP:

PRIMARY PHONE:

SECONDARY PHONE:

EMAIL:

NAME OF EVENT:

EXPECTED ATTENDANCE?

ARE YOU ALSO BOOKING YOUR RECEPTION WITH PP&R?  NO  YES- IS IT THE  SAME LOCATION OR  SEPARATE LOCATION

### DATE & TIME

WHEN BOOKING THE GOLD MEDAL GARDEN, SHAKESPEARE GARDEN OR PENINSULA PARK GARDEN, YOU MUST CHOOSE ONE OPTION 10A - 12P, 2P - 4P, 6P - 8P ALL OTHER PARKS MAY BE BOOKED ANY TIME BETWEEN 8A-9P

(CUSTOMER SERVICE CENTER ONLY)

DATE (1<sup>ST</sup> CHOICE):

TIME:

OTHER:

AVAIL: Y:  N:

DATE (2<sup>ND</sup> CHOICE):

TIME:

OTHER:

AVAIL: Y:  N:

DATE (3<sup>RD</sup> CHOICE):

TIME:

OTHER:

AVAIL: Y:  N:

### LOCATION

PARK (1<sup>ST</sup> CHOICE):

LOCATION:

AVAIL: Y:  N:

PARK (2<sup>ND</sup> CHOICE):

LOCATION:

AVAIL: Y:  N:

PARK (3<sup>RD</sup> CHOICE):

LOCATION:

AVAIL: Y:  N:

### SET UP: PLEASE SEE THE WEDDING BROCHURE FOR FEES

DESCRIBE YOUR SETUP/DECORATIONS:

(PLEASE BE AWARE-WE DO NOT ALLOW ANY DECORATIONS AT MOST GARDENS. REQUIRES APPROVAL & ADDITIONAL FEES MAY APPLY)

ALCOHOL (BEER & WINE ONLY)

GUESTS BRING THEIR OWN  HOST OR PROVIDE

ELECTRICITY: WHERE AVAILABLE, KEY & DEPOSIT MAY BE REQUIRED

SOUND/ MUSIC DETAILS:

PORTABLE RESTROOM REQUIRED - 1 PER EVERY 125 PEOPLE

CANOPIES: NUMBER & SIZE: (NO STAKES ALLOWED)

TABLES NUMBER & SIZE:

CHAIRS: NUMBER & LOCATION:

VEHICLES (LOAD/UNLOAD ONLY) **\$65.00 PER VEHICLE**  
NUMBER OF VEHICLE PASSES REQUESTED: \_\_\_\_\_

FOOD

WILL THE EVENT BE  CATERED OR  POTLUCK?

OTHER (PLEASE PROVIDE DETAILS):

### CUSTOMER SERVICE CENTER USE ONLY

DATE RECEIVED:

APPLICATION FEE:

\$110

\$220 (RUSH SPECIAL)

USAGE FEE (S):

GARDEN

PARK \$ \_\_\_\_\_  OTHER \$ \_\_\_\_\_

EXTRA FEES:

\$65 VEHICLE

\$185 OVERBOOKING

REFUNDABLE DEPOSITS

\$100 KEY

\$ \_\_\_\_\_ SECURITY

ENTERED BY:

TOTAL DUE:

**PAYMENT INFORMATION** - IN ORDER TO HOLD A DATE & LOCATION, A MINIMUM OF THE APPLICATION FEE IS DUE WITH APPLICATION  
IF FAXING APPLICATION PLEASE PROVIDE PAYMENT INFORMATION. DO NOT EMAIL CREDIT CARD INFORMATION

NAME AS IT APPEARS ON THE CARD:

AMOUNT AUTHORIZED: \$ \_\_\_\_\_.

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_