



Date of Application _____
 Date of Reservation _____
 Approved By _____

City of Walker Community Center -Application for Reservation-

Community Center #2
 4101 Lake Michigan Drive, NW
 Walker, Michigan 49534

Community Center #3
 Upper & Lower Levels
 1470 Three Mile Road
 Walker, Michigan 49534

Community Center: _____

Name _____

Address: _____ City/State/Zip _____

Telephone Number _____ Purpose: _____

Date Requested : _____ Key Pick Up: _____ Before 4:30 pm

Time Requested: _____ Key Return: _____ Before 5:00 pm

Payment Received in form of : Cash Check Receipt Number _____

Rental amount: _____ Total Amount: _____ Check Number _____

Deposit amount: _____

I certify that I received and understand the city's policies and procedures in regards to the use of a city facility.

 Signature

 OFFICE USE ONLY

Date and time key returned _____ Refund check number _____