Booth #:_____
(Office Use Only)

City of Coolidge Parks and Recreation
Booth Application Form

Organization Name: _____

Contact Person: _____ Phone: _____

Mailing Address: _____ Fax: _____

Email Address: _____

City: _____ State: _____

_____ _____
Applicant Signature Date

Describe what your booth will be providing:

_____

_____

_____

_____

_____

*Inquire about electricity for this event

Mail or drop off entry to:	Parks and Recreation Department 660 S. Main St. Coolidge, AZ 85128
Fax to:	(520) 723-6021
Email to:	bchitwood@coolidgeaz.com

For questions or additional information please call:
(520) 723-4551

Forms can also be found online at www.coolidgeaz.com

The City of Coolidge Parks and Recreation Department reserves the right to refuse applications in their entirety or have items omitted.