

OFFICE USE ONLY
HH# _____

**CLAYTON COUNTY INTERNATIONAL PARK
CUSTOMER INFORMATION**

TODAY'S DATE: _____

CONTACT PERSON: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL: _____ WORK OR HOME: _____

EMAIL ADDRESS: _____

2ND CONTACT PERSON: _____

CELL: _____ EMAIL ADDRESS: _____

PAVILION RENTAL:

Aruba _____ St. Vincent _____ St. Thomas _____

PURPOSE FOR EVENT: _____

FAMILY REUNION NAME: _____

EVENT DATE: _____ NUMBER OF GUEST: _____
