

Renter Information			
Name:			
DL #	SSN:	Cell Phone:	
Mailing Address:			
City:	State:	ZIP Code:	
Date(s) of Rental: (	Check In:	Check Out:	
Rental Rate: \$15.00 per day *4 day maximum	\$15.00 ×=	Total  R'CVD BY:	
Emergency Contact			
Name:			
Address:	State:	ZIP Code: Phone:	
City: Relationship:	Janes		
ACKNOWLEDGE THAT THE CIT	TO ABIDE BY THE RULES AND RE Y OF WAYNESBORO MAY REVOKE ANY LAWS OF THE STATE OF TE	GULATIONS OF THE WAYNESBORO CITY PARK AS POSTED MY RENTAL RIGHTS AT ANY TIME FOR VIOLATION OF TH NNESSEE.	. I ALSO ESE

**WAYNESBORO CITY HALL PHONE: 931-722-5458 WAYNESBORO CITY POOL: 931-722-2860 AFTER HOURS EMERGENCY POLICE: 931-722-1821** 

**EMERGENCY FIRE/AMBULANCE: 931-722-3613**