

# CITY OF COLLEYVILLE PARKS & RECREATION DEPARTMENT WEBB HOUSE RESERVATION FORM

With my reservation of Webb House, I hereby assume that this property will be under my care, custody, and control on the following date and time listed below:

Reservation Date: \_\_\_\_\_ Reservation Time: \_\_\_\_\_

I understand and will comply with no alcoholic beverages allowed.  
I agree to clean-up and dispose of all litter properly immediately after use  
I agree to reimburse the City for any and all damages incurred during reservation time and date.

### Webb House Rental Rates

#### Weekday Hours Rental:

Monday through Thursday, 8 a.m. to 10 p.m.

Rental Fee - Resident - \$60.00/hr (minimum 3 hour rental - \$20.00/hr each additional hour)  
Non-Resident - \$90.00/hr (minimum 3 hour rental - \$35.00/hr each additional hour)

#### Weekend Hours Rental:

Friday through Sunday, 8 a.m. to 10 p.m.

Rental Fee – Resident - \$80.00/hr (minimum 3 hour rental - \$35.00/hr each additional hour)  
Non-Resident \$130.00/hr (minimum 3 hour rental - \$55.00/hr each additional hour)

Damage Deposit for the Webb House is \$200.00

At this time, I am leaving a \$ \_\_\_\_\_ reservation fee and a \$200.00 damage deposit which will be processed.

Type of Event (description): \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Voice/Music Amplification Equipment:    Yes            No

If yes, describe: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Payment by:  Cash  Check (make checks payable to City of Colleyville)  
Driver's License Number (if paying by check): \_\_\_\_\_ State: \_\_\_ Date of Birth: \_\_\_\_\_

Visa  MasterCard Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I agree to pay the 3.5% convenience fee for using a credit card

Cardholder Name (please print) \_\_\_\_\_

Cardholder \_\_\_\_\_

Signature \_\_\_\_\_