



This form must be completed and returned to the following:
Lauren Sawyer, Education & Volunteer Coordinator at lsawyer@towergrovepark.org

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (Home/Cell) _____

Email address: _____

Name of Organization: _____

Non-Profit: YES () NO () If YES, provide copy of 501c3 with request form.

Date(s) Requested: _____ Start Times: _____ End Times: _____

Approximate Number of Attendees: _____ Age Group of Attendees: _____

Indicate Park Location(s) requested: _____

Please provide a short description of summer camp:

Please read and initial the following items in Agreement:

- _____ I understand this application is **ONLY** a request of usage for Tower Grove Park.
- _____ I will be contacted by a Tower Grove Park representative once my application has been received and reviewed.
- _____ I understand I should allow at least **three (3) to five (5)** business days for request to be processed.
- _____ I have thoroughly read the Camp General Information.

Return form to the Education Coordinator
lsawyer@towergrovepark.org
(314) 649-8920

TOWER GROVE PARK
SUMMER CAMP REQUEST FORM
P/314.649.8920
E/lsawyer@towergrovepark.org



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