

**ARKANSAS HEADWATERS RECREATION AREA  
EVENT FACILITY RESERVATION FORM**

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Event Date: \_\_\_\_\_ Time Reserved: \_\_\_\_\_

Name of Group: \_\_\_\_\_ Group Size: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

A parks pass is required on ALL vehicles entering the recreation area (includes caterers, limos, etc.).

Groups paying for their guests must have an agreement on file in advance of the event.

Alcohol content of beverages is not to exceed 3.2%.

Your payment is subject to a cancellation fee.

(Greater than 2 weeks notice = 25% of total fee; Less than 2 weeks =100% of fee.)

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**COLLEGIATE PEAKS OVERLOOK:**

Monday-Sunday Day Use Only (Per Day)    **\$30.00**                      **Fee:** \_\_\_\_\_

**Conference Room:**

During VC Hours (4+ Hours)                      **\$100.00**  
After VC Hours (4+ Hours)                      **\$100.00**                      **Fee:** \_\_\_\_\_

**Total Fee Due:** \_\_\_\_\_

Credit Card # (Visa/MC only):                      Exp (mm/yy):                      CVV:  
\_\_\_\_\_

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Reservation Taken:                       Total Amount Rec'd:                       Confirmation Letter Sent:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_