

# Fort Bend County Parks Rental Application

**Mustang Community Center**  
 4521 FM 521 North  
 Fresno, TX 77545  
 (832)-471-2575

**Fifth Street Community Center**  
 3110 Fifth Street  
 Stafford, TX 77477  
 (832)-471-2575

**Kitty Hollow Park Dew House Heritage Museum**  
 9555 Hwy 6-S  
 Missouri City, TX 77459  
 (832) 471-2575

**Landmark Community Center**  
**Gym and Activity Areas**  
 100 Louisiana St.  
 Missouri City, TX 77489  
 (832)471-5200

**Four Corners Community Centers**  
**Gym, Activity Room, Conference Room**  
 15710 Old Richmond Rd  
 Sugar Land, TX 77498  
 (832)471-2583

Forms can only be processed at the Four Corners or Kitty Hollow Administrative Offices.



Date of Application: 7-12-2022  
 Facility: Landmark  
 Person/Group Applying: [REDACTED]  
 Date of Event: [REDACTED]  
 Beginning Time: 9:15 PM Ending Time: 10:00 PM  
 Description of Event: 70 Birthday Party

**I have read and agree to abide by the attached policies of Fort Bend County Facilities. I understand that I am responsible for any accidents or damages that may occur during the time I have use of the building. I understand that NO ALCOHOLIC BEVERAGES will be served. I will be present during the entire reservation time.**

Print Name of Responsible Applicant: [REDACTED]  
 Signature of Responsible Applicant: [REDACTED]  
 Responsible Applicant TDL/ID #: [REDACTED]  
 Address: [REDACTED]  
 City/State/Zip Code: [REDACTED]  
 Telephone #: [REDACTED] Contact#: [REDACTED]

| <u>OFFICE USE ONLY</u>  |                       |
|---|-----------------------|
| Date Received:  | <u>8/10/22</u>        |
| Event:  | <u>Birthday Party</u> |
| Administration Fee (Non-Refundable):  | <u>15.00</u>          |
| Community Center, Single Room Rental: (HRS: <u>3</u> x <u>15</u> = \$ <u>45</u> ) |                       |
| Gym Rental: (HRS: _____ X \$ _____ = \$ _____)                                    |                       |
| Additional Rental: (HRS: _____ X \$ _____ = \$ _____) Date: _____                 |                       |
| (HRS: _____ X \$ _____ = \$ _____) Date: _____                                    |                       |
| Form of Payment: <u>Card</u> Receipt #: _____                                     |                       |
| TOTAL: <u>\$ 60</u> Auth #: _____   |                       |
| Approved By: <u>[Signature]</u>   |                       |
| Additional Information: _____   |                       |