



City of Ellisville
BLUEBIRD PARK AMPHITHEATER RENTAL APPLICATION
 225 Kiefer Creek Road, Ellisville, MO 63021
www.ellisville.mo.us (636)227-7508

Name of Applicant/Business/Non Profit: _____

Address of Applicant/Business/Non Profit: _____

City, State, Zip Code: _____

Contact Phone Number: _____ Email: _____

Date requested: _____ Time requested: (max. 3 hours) _____

Please describe how you plan to use the amphitheater and any equipment you plan to bring in and use for your event:

Estimated Attendance: _____

Resident Fee: \$75 Non-Resident Fee: \$150 Deposit: \$200

For Office Use Only

Permit Approved: yes _____ no: _____

Fees Paid: Rental Fee: _____ Other Fees: _____ Total Payment: _____

Payment Method: cash check charge

Certificate of Insurance Received? Yes _____ No: _____ (attach to permit)

Notes regarding rental and special stipulations: _____

Director Approval: _____ Date: _____