



City of Suwanee Big Splash Fountain Reservation Form

Please complete all the questions below so that your reservation request will not be delayed. Once reviewed, you will receive an email regarding the status of your reservation request.

Today's Date: _____

GENERAL INFORMATION

Contact Name: _____

Contact Email: _____

Contact Business Telephone: _____

Contact Mobile Telephone: _____

Name of Facility: _____

Street Address and City: _____

How many children in your group: _____

RESERVATION INFORMATION

Session times: Monday – Thursday, 9:30 am – 12:00 pm or 1:00 pm – 3:30 pm

Please enter the date that you are requesting in addition to choosing one of the two time slots for that day. **Please remember that In City groups may make 4 reservations per season; Out of City groups may make 2 reservations per season.**

How many total reservations are you requesting? (**Circle one**) 1 2 3 4

Date Choice #1: _____

9:30 am – 12:00 pm

1:00 pm – 3:30 pm

Date Choice #2: _____

9:30 am – 12:00 pm

1:00 pm – 3:30 pm

Date Choice #3: _____

9:30 am – 12:00 pm

1:00 pm – 3:30 pm

Date Choice #4: _____

9:30 am – 12:00 pm

1:00 pm – 3:30 pm

After you have completed this form, email it to fountainreservations@suwanee.com