

Activity Request Form
For City of Clinton and Clinton Fire District Residents

Your Name: _____

Company or Business Name: _____

Contact Name: _____

Contact Phone Number(s): _____

Date Requested: _____

Where will the activity be held? _____

How many participants? _____

What activity would you like done?

Fax to (910)590-2923
ATTN: Gail Byars