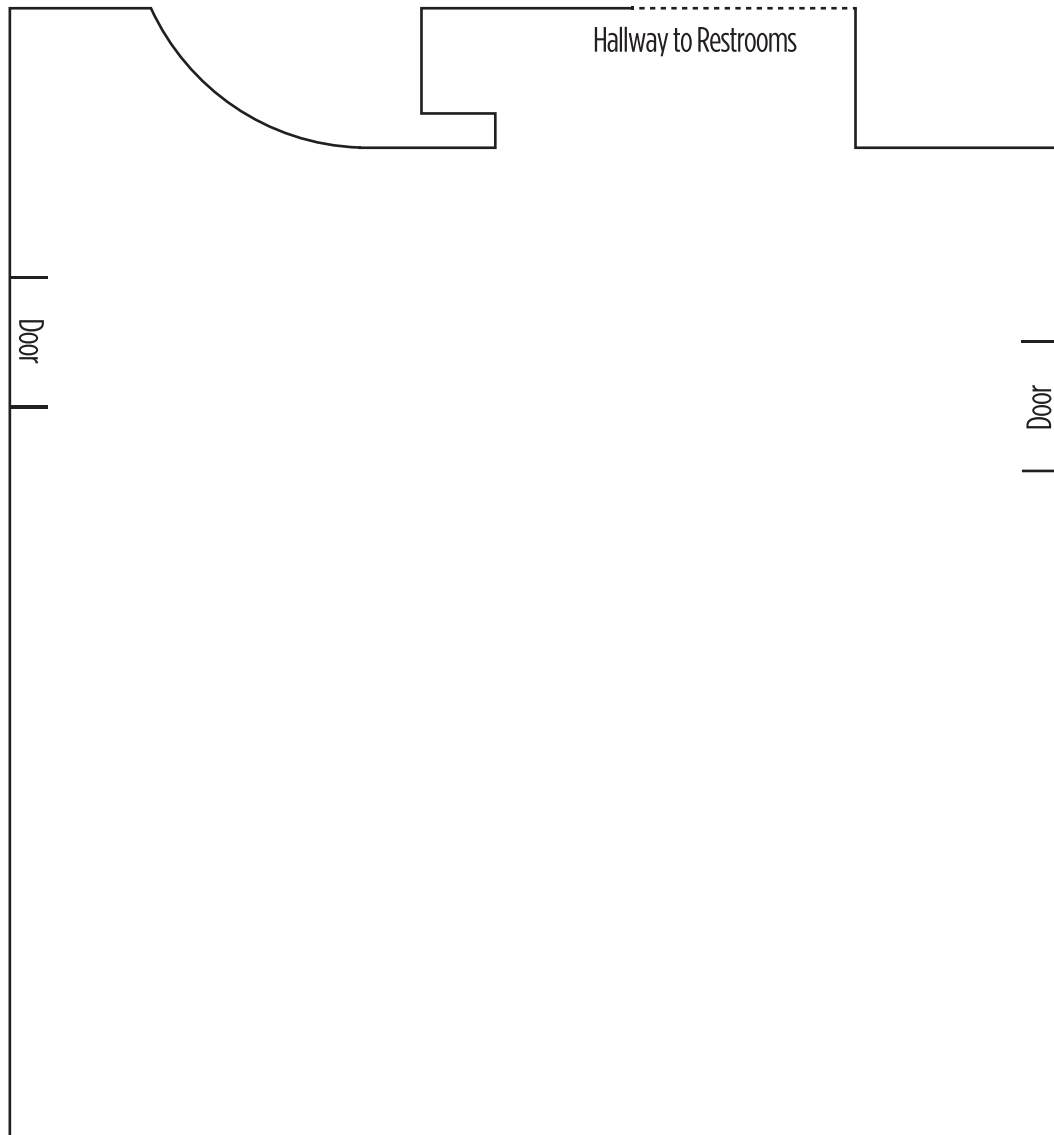# City of Albany Recreation and Community Services
Memorial Park Building

Renter/Organization: _____

Date: _____   Rental Time: _____   Event Time: _____

Activity: _____   Number of Chairs: _____   Number of Tables: _____

Hallway to Restrooms

Door

Door

Windows