YOUR OFFICE NAME

FACILITY RENTAL APPLICATION

Reserve a park pavilion, community hall or meeting room.

A reservation is not confirmed until the office approves it and the deposit is paid. Events with alcohol may need a certificate of insurance naming the town as additional insured.

Fee: Rental fee plus refundable deposit

RENTER

Full name *

Mailing address *

Phone *

Email *

Organization (if renting for a group)

RESERVATION

Space requested *

☐ Pavilion A ☐ Pavilion B ☐ Community hall ☐ Meeting room ☐ Other

Event date *

Start time (including setup) *

End time (including cleanup) *

Type of event *

Expected attendance *

Will alcohol be served? *

☐ Yes ☐ No

Will there be caterers, food trucks or other vendors? *

☐ Yes ☐ No

Will there be amplified music or sound? *

☐ Yes ☐ No

Certificate of insurance (if required)

Attach to this form.

CERTIFICATION

☐ I agree to the facility rules, fees and deposit terms and will leave the space as I found it. *

Signature *

Date *