# PARK/PAVILION RESERVATION FORM

DATE OF REQUESTED RESERVATION: _____

TIME OF RESERVATIONS: _____

NAME OF EVENT: _____

WHAT WILL BE HAPPENING AT YOUR EVENT:

_____

_____

_____

_____

APPROXIMATELY HOW MANY PEOPLE ARE YOU EXPECTING:_____

DO YOU NEED A BATHROOM KEY: _____**

** If a bathroom key is needed you must bring in a $50.00 cash deposit that is refundable upon return of the key and the bathrooms being in good shape.

DO YOU HAVE AN ALTERNATE DATE IF THE SPACE IS ALREADY RESERVED AND WHAT IS THAT DATE?:

_____

PERSON RESPONSIBLE FOR THIS EVENT:

_____

CONTACT NUMBER FOR ABOVE PERSON: _____

EMAIL FOR PERSON ABOVE: _____

SEND FORM TO DPW2@TOWNOFATHOL.ORG OR TO ATHOL DPW – 584 MAIN STREET – ROOM 24 ATHOL MA 01331