

# PARK/PAVILION RESERVATION FORM

DATE OF REQUESTED RESERVATION: \_\_\_\_\_

TIME OF RESERVATIONS: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

WHAT WILL BE HAPPENING AT YOUR EVENT:

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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?:

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PERSON RESPONSIBLE FOR THIS EVENT:

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CONTACT NUMBER FOR ABOVE PERSON: \_\_\_\_\_

EMAIL FOR PERSON ABOVE: \_\_\_\_\_

SEND FORM TO [DPW2@TOWNOFATHOL.ORG](mailto:DPW2@TOWNOFATHOL.ORG) OR TO ATHOL DPW – 584 MAIN STREET – ROOM 24 ATHOL MA 01331