



Shelburne Parks & Recreation

P.O. Box 88 Shelburne, VT 05482
(802) 985-9551 / Fax: (802) 985-9550

TOWN OF SHELBURNE FACILITY USE APPLICATION

Name of Group / Organization: _____

Group / Org. Representative: _____

Billing Address: _____

Phone Number: (____) _____

Facility (Beach, Gym or Activity Room):	Date(s) requested:	Starting Time:	Ending Time:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Participants Attending: _____

Type of Event / Activity or Purpose: _____

Specific Request: (Tables, chairs, TV, VCR, Sport Equipment, lifeguards)

I have received a copy of the Town Rules and Regulations and Group Use Policies and will abide by said regulations. The group/organization indicated above assumes full liability and is responsible for any damages to the facility and / or equipment. I understand that no alcohol or illegal drugs are allowed on the premises, and that the facility must be left in a clean and orderly condition. ***I acknowledge that the facility fee will be due within 30 days of the scheduled event.***

Date Signature

For Office Use Only

Type of Organization: _____ Fee Rate per hour: _____

Amt. Paid: _____ Balance Due: _____ Payment Date: _____ Check #: _____