

TOWN OF GILL

M A S S A C H U S E T T S



www.gillmass.org

TOWN FACILITIES REQUEST FORM

Name: _____

Organization: _____

Address: _____

Town/City: _____ State: _____

Daytime Phone: _____ Evening Phone: _____

Facility Requested: _____

Date(s) of Use: _____

Hour(s) of Use: _____

Nature of Event: _____

Number of Attendees: _____

A town employee, board member, or committee member must be present throughout the duration of the event. If you do not have such a member who volunteers to be present, a fee will be charged to provide one.

Is a town employee, board member, or committee member part of your organization? Y___ N___

If yes, what is his/her name? _____

Fees:

Individual resident	Free
Individual non-resident	\$25 per event
Non-profit organization	\$10 per event
For profit organization	\$50 per event
If a town employee is necessary	\$25 per hour

Telephone 413-863-9347

325 Main Road, Gill MA 01354
This institution is an equal opportunity provider and employer.

Fax 413-863-7775