TOWN OF GILL
MASSACHUSETTS

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