TOWN OF HOLDEN

MASSACHUSETTS

RECREATION DEPARTMENT

Payment must be received by:
_____
(1 Month before reserved date)

Application Date: _____ **Staff Initials**:_____

Facility: **Trout Brook**

Issued To: _____

Address: _____

Phone: _____

Group Name: _____

Total Number in Group: _____

Permit Date: _____

Hours: From: _____ To: _____

Will you require the use of the lodge: Yes _____ No _____

In case of cancellation a **48 hour** notice is requested.

Fee (for office use only): _____

Received: _____ Payment Type:_____

_____ I have read the rules and regulations concerning group-team use at Holden Recreational Facilities and I assume responsibility for their observance by members of my group/team.

Applicant Signature: _____ (must be over 21) Date:_____

Holden Recreation Employee: _____

NON TRANSFERABLE Permit is valid for the above date only. Fire Permits required for outdoor fires. The Town of Holden reserves the right to cancel any reservation or other use of the facilities when it is deemed in the best interest of the Town.

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