



TOWN OF HOLDEN  
MASSACHUSETTS  
RECREATION DEPARTMENT

Payment must be received by:

(1 Month before reserved date)

Application Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Facility: \_\_\_\_\_

Field: \_\_\_\_\_

Issued To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Group Name or Function: \_\_\_\_\_

Total Number in Group: \_\_\_\_\_

Permit Date: \_\_\_\_\_

Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

In case of inclement weather will you use the facility: Yes \_\_\_\_\_ No \_\_\_\_\_

Will you require the use of the lodge: Yes \_\_\_\_\_ No \_\_\_\_\_

In case of cancellation a 24 hour notice is requested.

Fee: \_\_\_\_\_ 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.

Holden Recreation Employee: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ (must be over 21) Date: \_\_\_\_\_

☐ Copy of photo ID Attached

☐ Copy emailed to DPW

☐ Hard copy sent to DPW

☐ Hard copy to added online Calendar

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

☐ Follow up call made if payment not made by designated date Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

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.