

Friends of Sholan Farms, Inc.

FACILITIES REQUEST FORM

This request form is to be completed by your Event Coordinator (person responsible for organizing). It is intended for groups that wish to receive permission to use the property at Sholan Farms for group recreation or functions. Applicant must be at least 18 years of age. The **applicant** must attend the event and assume full responsibility for the use of the property.

Please check box to indicate you have read the rules and regulations before completing form.

Date and Time of Event:

Event Name:

Event Coordinator:**

Mailing Address

City, State, Zip

Tel. Number to reach Coordinator at:

E-Mail address for Coordinator:

** Any refunds will be sent to Event Coordinator at address above unless a different one is specified in comments.

Type of Function (please describe)

Please check areas of farm you would like to use:

	<i>Fee</i>	<i>Your Fee</i>
<input type="checkbox"/> Front Gazebo (electric available)	\$125	<input type="text"/>
<input type="checkbox"/> Tent space (Seasonal) (check for availability) (electric available)	\$125	<input type="text"/>
<input type="checkbox"/> Back Gazebo (no electric)	\$100	<input type="text"/>
<input type="checkbox"/> Picnic Tables (if not already assigned) <i>Picnic tables, if available, must be moved to desired location and returned to original location by your event staff. If tables are not returned to original location, cost to do so will be taken from</i>	N/A	<input style="background-color: #e0e0ff;" type="text"/>
<input type="checkbox"/> Parking Attendants (check if available) Maximum 2 hours (flat fee)	\$75	<input type="text"/>
<input type="checkbox"/> Open Field Available Dawn to Dusk	\$50	<input type="text"/>
<input type="checkbox"/> Other (describe) (Must receive prior approval): _____		<input style="background-color: #e0e0ff;" type="text"/>

Service Fee (non refundable)

Deposit (refundable if no damage)

Total fee due with form (make check payable to **Friends of Sholan Farms**) ***Total - Add Fees***

Comments:

I, the undersigned Event Coordinator, have read and understand the Rules and Regulations for Sholan Farms and take responsibility for disseminating this information to my group. I understand that the grounds and buildings will be left in condition found.

Signature

Print Name

Date

Please mail completed form to:

Friends of Sholan Farms
P.O. Box 632
Leominster, MA 01453

Information:

Phone: 978-840-3276
www.sholanfarms.com

For Office Use Only:

Date Received:	Check#
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