

Town of Community Park
Shelter/Park Reservation Request Form

Name of Group _____ Date _____

Date(s) Requested _____

Circle Facilities Needed: Shelter #1 Shelter #2 Shelter #3 Grounds and Playing Fields

Name of Contact Person _____

Address _____

Phone _____

Complete the above form and return with check made payable to the "Town of Concord" in the amount of \$25.00.

Return or mail to: Supervisor's Office, Town of Concord, PO Box 368, Springville, NY 14141

PLEASE NOTE: Reservations for the Community Park facilities will be honored on a first requested basis.

Date Received _____

Fee Paid _____