

**Shelter/Park Reservation Request**

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 information and return with a check made payable to the Town of Concord for \$25.

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

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