

**BUCKLAND RECREATION AREA  
2018 RESERVATION REQUEST FORM**

Contact Person: \_\_\_\_\_

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

Telephone Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Time:** \_\_\_\_\_ - \_\_\_\_\_  
**Available 8:00 AM - 10:00 PM**

Type of Event: \_\_\_\_\_ Total Guests Expected: \_\_\_\_\_

Have you or your group used our facility in the past? \_\_\_\_\_ No \_\_\_\_\_

**Pavilion Fee:**

**Resident: \$150.00**

**Non-Resident: \$175.00**

**\$50.00 (non-refundable)** deposit taken at the time of reservation

**Fee** \_\_\_\_\_  
**Subtotal** \_\_\_\_\_  
**Deposit** \_\_\_\_\_  
**Balance Due** \_\_\_\_\_  
**(2 weeks prior to rental)**

**Available and included with Rental:**

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Picnic Sites | <input type="checkbox"/> Horse Shoe Pit | <input type="checkbox"/> Basketball Court |
| <input type="checkbox"/> Ball Field   | <input type="checkbox"/> Restrooms      | <input type="checkbox"/> Volleyball       |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fill out this form completely and return with payment to:

**Town of Buckland**

**Attn: Sherry Clark**

**17 State Street**

**Shelburne Falls MA 01370**

**(413-625-6330 Extension 1)**

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**For Office Use Only:**

**Date Received:** \_\_\_\_\_

**Payment:**    Cash \_\_\_\_\_    Check # \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Confirmation Letter Sent:** \_\_\_\_\_

**Balance due:** \_\_\_\_\_

**Copy to Pavilion:** \_\_\_\_\_