



Facility Use Request Form

Facility requested					
Date(s) of function					
Time(s)	From:	AM/PM	To:	AM/PM	Estimated # of people attending
Purpose/Function					
Organization					

Contact Information

Full Name	
Phone Number	
Email	
Address	

Please submit this form to:

Town of Killington, Department of Parks and Recreation
 2704 River Road
 Killington, VT 05751

Or e-mail to recdirector@killingtontown.com

For questions call:

802-422-3241 ext. 4