

Facility Use Request Form

Facility requested						
Date(s) of function						
Time(s)	From:	AM/PM	То:	AM/PM	Estimated # of people attending	
Purpose/Function						
Organization						
Would your group also like to utilize the pool? Operating hours are usually ☐ Yes ☐ N mid-June through August from 11 AM to 7 PM, seven days a week.						☐ Yes ☐ No
Contact Information						
Full Nam	e					
Phone N	umber					
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