



APPLICATION FOR USE OF ARMSTRONG- KELLEY PARK

Date of Application: _____ Donation Amount: _____ Donation 10% Deposit: _____
Balance due One (1) week before event: _____

Date Requested: _____ Day of Week: _____ Time: start _____ end _____

EVENT MUST BE FINISHED AND CLEANED UP BY 9:00 PM ON THE EVENT DATE

Organization/Name: _____

Number of Anticipated Guests: _____

Mailing Address: _____

Contact Person: _____ Phone number: _____

E Mail Address or Fax number: _____

Description of Event:

Special Instructions: Please list any requirements we may be able to assist you with:

Are the following needed?

1. Water Yes ____ No ____

- Number of hoses
- Describe location of hoses _____
- Other _____

2. Electricity

- Number of outlets
- Describe use and location
- _____
- _____
- Other _____

3. Special Requests

- _____
- _____

Mail application to: CAPE COD HORTICULTURAL SOCIETY
P.O.BOX 934
OSTERVILLE, MA 02655

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Please be sure to read the guidelines and responsibilities of the Event Host which is found on our website: ArmstrongKelleyPark.com especially the certificate of insurance and permits you may need to secure for your event.

Your application will be reviewed and a sign off sheet will be returned to you. If the event is approved, an initial deposit will be required at that time.

For Internal Use:

President sign off for event: Date Approved _____ Date Denied _____

Signature _____

Revised 6/26/14