Town of Stellarton Recreation Department General Park Request Form

Location Requested:	
Contact Information (Group, Organization, Indi	vidual)
Name:	
Contact Phone Numbers:	
Date Requested:	*
Start / End Times:	
Additional Information / Requirements (i.e. pow	er)
V	
	& Regulations
use. ANY DAMAGE, INJURY OR CAUSE OF PROPERTY OR PERSONAL INJURY R	Et up and clean up of Park immediately following their F ACTION RELATING TO EITHER PERSONAL ELATING EITHER DIRECTLY OR INDIRECTLY TO VE NAMED PARK AND FACILITIES IS THE
HAVE READ AND AGREE TO THE ABOVE F	RULES AND REGULATIONS.
Signature of Applicant	DATE
Office Use:	
Approval Signature:	Date