



APPLICATION FOR USE OF ARMSTRONG- KELLEY PARK

Date of Application: _____ Donation Amount: _____ Donation 25% Deposit: _____
Balance due One (1) week before event: _____

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

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

Principal(s) Name: _____

Number of Anticipated Guests: _____

Mailing Address: _____

Host Name: _____

Phone number: (c) _____ (h) _____

E Mail Address: _____

Number of Guests: _____

The event's designated coordinator who can work with the A-K Park coordinator:

Name: _____ Phone: (c) _____ (h) _____ email: _____

Description of Event i.e., wedding, birthday, reunion, etc:

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
 - _____
 - _____
- 4. What time will set up begin and end? _____

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. Please designate someone from your party who can serve as Liaison to the Site Coordinator

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 Deposit Received: _____

Signature _____

Revised 11/25/19