



## Facility Use Request Form

Facility Requested: \_\_\_\_\_

Date of Function: \_\_\_\_\_

Time(s): From \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Purpose/Function: \_\_\_\_\_

Organization (If applicable): \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Please submit this form to Lyndsay Gang either via e-mail at [LyndsayGang@KillingtonTown.com](mailto:LyndsayGang@KillingtonTown.com)  
or in person at the Killington Town Offices on River Rd.