HOLTON TOWNSHIP PARK PAVILION RESERVATION

Name of person or group requesting reservation:

Phone Number: _____

Date of activity: _____

Time of activity: _____

Person supervising activity: _____

Request for gate to be opened for those who have difficulty walking back to pavilion:

Circle: Yes or No

I agree to pay Holton Township for any damages to the park due to the usage of our activity.

Name DATE

Form can be emailed to holtonsecretary@holtontownship.com or mailed to:

Holton Township
P.O. Box 328
Holton, MI 49425