



Town of Fries

PO Box 452, Fries, VA 24330
(276) 744-2231
townoffries@friesva.com

Facility Rental Form

Contact Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Please Check Facility You Wish to Reserve: (Check all that apply)

Farmers Market 1 Stage/Shelter Area Entire Park for Event

Date(s) & Starting Time of Event: _____

Expected Attendance: _____ Ending Time: _____

Describe in detail the type of activity: _____

Please list any special needs you may have concerning your request: (Electric) _____

WAIVER

I/We agree to be responsible for the facilities per conditions as outlined in this reservation request. I have read the attached rules and regulations sheet and agree to all stated fees and regulations. I understand that a failure to abide by the stated rules will result in forfeiture of security deposit and/or loss of facility reservation privileges. I also accept responsibility for all persons attending my function/event.

SIGNATURE: _____ DATE: _____

For Town of Fries Use Only

Rental Fee Paid _____ Date Received _____ Receipt# _____

Cash _____ Check # _____ Debit/Credit Confirmation # _____

Approved By: _____

Date: _____