

Special Events Form

Person/Group:	Date of Event:
Address:	Date of Event: Time: (From)(To)
Function:	
Primary Contact #:	Email:
Is the reservation for a Non-Profit Organ	ization? Yes: No:
If yes, provide Tax Exempt #:	
Are there any safety/security precautions	required? Yes: No:
If yes, provide information below:	
Insurance Required? Yes: No: If yes, attach copy of insurance.	
Hills's facilities. I agree to indemnify and save h	egulations governing the use of the Town of Howey-in-the- narmless the Town of Howey-in-the-Hills from and against expenses in any manner resulting from, arising out of, or se of the above rented premises.

Signature of Representative

Date Signed

Staff Use Only:	
Insurance Required? Yes Date Received: Date Paid:	: No:
Amount Paid \$	Credit Card: Check #: Cash: