GYMNASIUM USAGE FORM

DATE: __________________________________________________________

ORGANIZATION: ________________________________________________

CONTACT NAME: ________________________________________________

TELEPHONE: ____________________________________________________

ADDRESS: ______________________________________________________

________________________________________________________________

AREA USED: ____________________________________________________

DATES USED: ____________________________________________________

TIMES: ___________________AM/PM to __________________AM/PM

FUNCTION: ______________________________________________________

FEE: __$25/hour – Weekdays - $35/hour Weekends

TOTAL DUE: _____________________________________________________

Please make check payable to: Town of Millis Recreation Department
900 Main Street
Millis, MA 02054

Thank you.

The Town of Millis is an equal opportunity employer.
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