



Cape Cod
HORTICULTURAL SOCIETY

P.O. Box 934
Osterville, Massachusetts 02655

APPLICATION FOR USE
ARMSTRONG KELLEY PARK CCHS

Date of Application: _____ Donation Amount: _____ Donation Deposit: _____

Balance due One (1) week before event _____

Date Requested: _____ Day of Week: _____ Time: start _____ end _____

EVENT MUST BE FINISHED AND CLEANED UP BY 9:00 PM ON THE EVENT DATE

Organization/Name: _____ Number of Guest _____

Mailing Address: _____

Contact Person: _____ Phone number: _____

E Mail Address or Fax number: _____

Description of Event:

President sign off for event: Approved _____ Denied _____ Signature _____

Are the following needed?

1. Water number of hoses
2. Electricity, number of outlets
3. Special Requests

Mail to: CAPE COD HORTICULTURAL SOCIETY
P.O. BOX 934
OSTERVILLE, MA.02655