

**APPICATON FOR USE OF THE JOHN BEN SNOW
COMPLEX AND JOHN S. HALDANE ARENA**

Date of Application:_____

AREA TO BE USED

Field or Area _____ Haldane Arena_____ Pavilion_____

Date_____ Time_____

Organization Requesting Use:_____

Purpose: _____

Contact Name_____ Address_____

E-mail_____ Phone #_____

Number of persons expected to attend the event:_____

Name, Address and Phone # of Insurance Carrier and Agents Name and

Phone #:_____

Drop off application at the Town of Richland Supervisors Office or e-mail to
Bill Wood @ woodw22@gmail.com

Haldane conditions for approval (if any): _____

Approved:_____

Not Approved:_____