

POLSON PARKS DEPARTMENT  
GROUP SHELTER RESERVATION  
BOETTCHER

***PAYMENT MUST BE RECEIVED WITHIN TEN (10) DAYS OF APPLICATION DATE***

Application Date \_\_\_\_\_ Date of Use \_\_\_\_\_

Organization Name \_\_\_\_\_

Alcohol served \_\_\_\_ YES \_\_\_\_ NO      Amplified music \_\_\_\_ YES \_\_\_\_ NO

Non-profit \_\_\_\_ YES \_\_\_\_ NO Arrival Time \_\_\_\_\_ Estimated # of people \_\_\_\_\_

Shelter # \_\_\_\_\_ Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Rcpt # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

***PLEASE CALL TO CONFIRM AVAILABILITY. (406) 883 - 8200***

1. PRINT DOCUMENT
2. COMPLETE DOCUMENT
3. SEND CHECK OR MONEY ORDER