

**Richfield Historical Society
Historical Park Reservation
Reservation Form**

Organization/Group _____

Contact Name _____

Address _____

Telephone Number _____

E-mail Address _____

Date of Event _____

Approximate Time of Event (from _____ to _____)

Number of people attending _____

Will alcohol be served _____

**If yes, a copy of the Alcohol Permit obtained from the Village of
Richfield must be presented to the Richfield Historical Society prior to
the event**

Are you requesting tours of the buildings? _____

Additional charge per person will be levied

Signature _____

Date _____

Office Use

Date Approved _____

Date and Amount of refund _____