Town of Keene
Event Tracking Form

TYPE of EVENT:_____

Location of Event Requested:_____

Date and Time of Event:_____

Name of Renter:_____

Town Resident:_____

Number of Guest or participants Expected:_____

Safety Plan Submitted:_____

NOTES:

Date Request was received:_____

Town Board Approval Date:_____

Fee for Event: _____

Date Fee was collected: _____

Recorded in Calendar Book:_____