

PARK COMMISSION

TOWN OF CLAVERACK

Church Street
Mellenville, New York 12544

Telephone: (518) 672-7911

USE PERMIT – For a group of more than 12 persons who wish to use a particular area of the park on a particular day.

APPLICATION DATE: _____

NAME OF GROUP/ORGANIZATION OR INDIVIDUAL REQUESTING USE OF THE FACILITIES:

IF PARK USE IS REQUESTED BY OTHER THAN INDIVIDUALS (IE: CLUB, ORGANIZATION, BUSINESS, SCHOOL, CHURCH), A CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION. THE TOWN OF CLAVERACK MUST BE NAMED AS ADDITIONAL INSURED.

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

REQUESTED USE DATE: _____ TIME: _____

SECTION OF PARK TO BE USED: _____

ACTIVITY: _____ KITCHEN? _____

WILL THERE BE ALCOHOL ON THE PREMISES: _____

(See Rule #4 of Rules and Regulations)

I have read the Park Rules and Regulations and take responsibility to see that my group will comply with these rules and regulations. I understand that I will be held liable for any damage resulting from our use of the Park.

PLEASE NOTE: Any donation towards the maintenance of the Park would be appreciated.

THIS FORM MUST BE RETURNED WITHIN TEN (10) DAYS. OTHERWISE, THE DATE WILL BE MADE AVAILABLE TO OTHERS.

SIGNATURE OF INDIVIDUAL: _____