

DEPARTMENT OF PARKS AND RECREATION

Village of Hastings-on-Hudson 914-478-2380 FAX: 914-478-4273

http://hastingsrecreation.org

APPLICATION FOR USE OF PARKS & FIELDS

SUPERVISOR'S SUPERVISOR'S	SON(S) IN CHARGE: ANIZATION: S ADDRESS: S PHONE NUMBERS: (H): S E-MAIL ADDRESS:	(C):		
Please Check: Z	insser: Draper: Unionto			
NATURE OF A	CTIVITY (EXAMPLE: MUSIC,		ГС.):	
	TO BE CHARGED?EOPLE ANTICIPATED:			
DATE(S):		HOURS (INCLU	JDES SET-UP/BREA	AKDOWN)
guests, administr Hudson, the Recr representative an	of your accepting this reservation ators and assignees, do hereby reseation Department, and any and d successors from all claims of claims or growing out of my or my	elease, indemnify and dall employees, volunt damages, demands, act	discharge the Village eers, sponsors, organi ions and causes of ac	of Hastings-on izers, and their
	nat the participant and guest or ave fully read and understand t			
DATE:	APPLICA	NT SIGNATURE:		_
OFFICE USE C				-
Facilities Use Fe	ee (Varies based on scope of ac	etivity):	Check #:	
DATE:	_ SUPERINTENDENT SIC	GNATURE:		