

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

NAME OF ORG. SUPERVISOR'S SUPERVISOR'S	ON(S) IN CHARGE: NIZATION: ADDRESS: PHONE NUMBERS: (H):(C): E-MAIL ADDRESS:
Please Check: Z	nsser: Draper: Uniontown: Riverview: OTHER
NATURE OF AC	OTHER: FIVITY (EXAMPLE: MUSIC, TENTS, GRILLS, ETC.):
	OPLE ANTICIPATED:
DATE(S):	HOURS (INCLUDES SET-UP/BREAKDOWN)
guests, administra Hudson, the Recr representative and	f your accepting this reservation form, I, the undersigned, for myself, my executors, my tors and assignees, do hereby release, indemnify and discharge the Village of Hastings-on-ation Department, and any and all employees, volunteers, sponsors, organizers, and their successors from all claims of damages, demands, actions and causes of action whatsoever, sing or growing out of my or my guests participation in said program.
	at the participant and guest or guests are physically qualified to participate in this ve fully read and understand the Village of Hastings-on-Hudson park rules and will
DATE:	APPLICANT SIGNATURE:
OFFICE USE O	
Facilities Use Fe	(Varies based on scope of activity): Check #:
DATE:	SUPERINTENDENT SIGNATURE: