

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 PERSON(S) IN	CHARGE:	
NAME OF ORGANIZATIO	ON:	
SUPERVISOR'S ADDRES		
SUPERVISOR'S PHONE I	NUMBERS: (H): (C):	
SUPERVISOR'S E-MAIL	ADDRESS:	
Please Check: Zinsser:	Draper: Waterfront: Uniontown: Riverview:	
Other:		
	EXAMPLE: MUSIC, TENTS, GRILLS, ETC.):	
	IARGED? IF SO, AMOUNT:	
NUMBER OF PEOPLE AN	TICIPATED:	
<u>DATE(S):</u>	HOURS (INCLUDES SET-UP/BREAKE	
guests, administrators and a Hudson, the Recreation Dep representative and successor	repting this reservation form, I, the undersigned, for myself, my exect ssignees, do hereby release, indemnify and discharge the Village of I partment, and any and all employees, volunteers, sponsors, organizers rs from all claims of damages, demands, actions and causes of action powing out of my or my guests participation in said program.	utors, my Hastings-on- s, and their
	ticipant and guest or guests are physically qualified to participate in ead and understand the Village of Hastings-on-Hudson park rules	
abide by them.		
	APPLICANT SIGNATURE:	
OFFICE USE ONLY:		

 Facilities Use Fee (Varies based on scope of activity):

 Check #:

DATE: _____ SUPERINTENDENT SIGNATURE: _____