

VILLAGE OF WALDEN RECREATION

One Municipal Square
Walden NY 12586-1741

Telephone (845)778-2655
Fax (845)778-2170

REQUEST FOR RESERVATION OF PARK FACILITIES

Please type or print

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please reserve Bradley Park
 Woosters Grove
 Walden Community Park

To be used by _____
Name of Person or Organization

on the following date(s) _____ from _____ to _____
_____ from _____ to _____

to be used for the pupose of _____ (decribe)

The undersigned will be responsible for the above facility, will assume full accountability for damage incurred to Village of Walden property and equipment, and will insure that the facility will be left in a clean and orderly condition.

The undersigned will be responsible to provide a one million dollar liability insurance certificate naming the Village of Walden as additional insured.

The Village of Walden reserves the right, as a condition to granting this application to require additional responsible persons in addition to the applying organization. Previous experience has shown that the supervision of one (1) adult is necessary for every ten (10) non-adults present.

Will alcoholic beverages be served? Yes No

If the serving of alcoholic beverages is requested the applicant will require the approval of the Village of Walden Board of Trustees.

Signature _____

Title _____ Telephone Number _____

Referred to the Village of Board of Trustees, if alcohol is requested

Certificate of Liability Insurance provided

Recreation Coordinator's Signature _____

Village Manager's Signature _____

Approved Disapproved Date _____

UPON APPROVAL A PERMIT WILL BE ISSUED TO THE APPLICANT