Town of Stony Point
Recreation Department
5 Clubhouse Lane Stony Point, NY 10980
845-947-5261 nsmith@townofstonypoint.org

REFERENCE SHEET

Please provide 2 reference (No Relatives)

Name:_____

Contact Phone Number:_____

Contact Email: _____

Relationship: _____

Name:_____

Contact Phone Number:_____

Contact Email: _____

Relationship: _____

Please remember that Age appropriate working papers are required for employment for anyone 15 -17 years of age. Please submit them with your application.