

**TOWN OF STONY POINT RECREATION**

*LET THE FUN BEGIN...*

19 CLUBHOUSE LANE  
STONY POINT NY 10980  
(845) 947-5261 fax (845) 786-2220

**APPLICATION TO USE TOWN FACILITIES/PARKS**

APPLICATIONS MUST BE SUBMITTED TWO WEEKS PRIOR TO THE REQUESTED DATE. IF A FEE IS REQUIRED, **PAYMENT MUST BE SUBMITTED TO THE RECREATION DEPARTMENT AT TIME OF APPLICATION.**

APPLICATION DATE: \_\_\_\_\_

NAME OF ORGANIZATION / RESIDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL (please print): \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**NAME OF FACILITY/PARK REQUESTED** \_\_\_\_\_

DATE(S) REQUESTED \_\_\_\_\_ PURPOSE \_\_\_\_\_

HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_ # OF PERSONS ATTENDING/ROSTER \_\_\_\_\_

WILL ADMISSION BE CHARGED? \_\_\_\_\_ YES \_\_\_\_\_ NO PRICE OF ADMISSION \_\_\_\_\_

**FEES VARY BY LOCATION NO REFUNDS**  
***PROOF OF RESIDENCY IS REQUIRED***

**FOR OFFICE USE ONLY:**

**PERMIT #** \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE DUE: \_\_\_\_\_

PAYMENT RECEIVED: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ CERTIFICATE OF INSURANCE RECEIVED \_\_\_\_\_

ROSTER COMPLETED & ATTACHED \_\_\_\_\_ PROOF OF RESIDENCY RECEIVED \_\_\_\_\_

PHOTO ID ATTACHED \_\_\_\_\_

**\$150.00 SECURITY DEPOSIT REQUIRED (FOR INDOOR USE ONLY)** RECEIVED \_\_\_\_\_

