Town of North Salem Recreation Department 270 Titicus Road, North Salem, NY 10560

914-669-5665 recreation@northsalemny.org

REQUEST AND PERMIT FOR USE OF FACILITIES

All facility use requests must be made in writing, using this form. Please complete the below form and return to recreation@northsalemny.org or mail/drop off to the address above.

This application must be accompanied by your Certificate of General Liability with limits of \$1,000,000/2,000,000 naming the Town of North Salem as additional insured. Insurance must be purchased from an insurance company licensed to transact business in the State of New York.

Date Submitted: Request must be submitted at least 30 days prior to event		Certificate of Insurance:	attached [on file in office
Name of			Main Con	tact
Organization/Resident:		Name:		
Activity Type:		Address:		
Estimated Attendance:		Phone:		
Date & Time Requested:		Email:		
Desired Facility Use:				
Volunteer's Park		Joe Bohrdrum "JB" Par	·k	Croton Falls Gazebo
(250 June Road)		(15 Sunset Drive)		Park (Route 22)
Basketball Court	Baske		ic Area	Gazebo
Soccer/Lacrosse Fie	eld Socce	er/Lacrosse Field Gras	sy Area	Other:
Baseball Field			er:	
Playground	Playg			
Other:		s Courts		
Other.		s Courts		
Facility use is subject to chathe Town of North Salem. The above named organizate	anges and/or cancella	to be responsible to the Town of did property. The above named of	some of which may	y not be under the control of the use and care of the town's
and regulations prescribed lorganization/individual doe and against any and all liab	by the Town of North is hereby covenant and ility, loss, damages, c ent permissible by lav	Salem Recreation Department. d agree to defend, indemnify an laims, or actions (including cos <i>v</i> , arising out of or in connectio	In addition, the abd hold harmless that and attorneys fee	ove named e Town of North Salem from es) for bodily injury and/or
Date Signature of Authorized Repre		ed Representative	Printed Name of	Authorized Representative
		Office Use Only		
The above named resider	nt or organization is	permitted to use the facility	as stated below:	
		Date/Time:		
Superintendent of Recreation				
		Facility Name:		
Date		Maximum Attendance:		
		Certificate of		
		Insurance received on:		
		mourance received off.		