

Town of Watson
6971 Number Four Road
Lowville, New York 13367
Phone: (315) 376-3866
Fax: (315) 376-4247

APPLICATION FOR USE OF COMMUNITY FACILITIES

Today's Date: _____ Date(s) Requested: _____

Facility Requested: _____

INFORMATION ABOUT YOUR GROUP

Name of Organization or Individual: _____

Time: _____ to _____. Your supervisor in charge: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

INFORMATION ABOUT YOUR INTENDED USE OF MUNICIPAL FACILITIES

Purpose of Use: _____

Total Participants Expected: _____ Adults: _____ Children: _____

Residents (Number): _____ Non-Residents (Number): _____

Is an admission fee charged? Yes _____ No _____

If so, what will proceeds be used for? _____

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she, agrees to be responsible to the municipality for the use and care of the facilities. He/she, on behalf of Name of Organization or Individual does hereby covenant and agree to defend, indemnify and hold harmless the Municipality from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Municipality's property, facilities and/or services by Name of Organization or Individual.

Signature of Organization's or Individual's
Representative

Address: _____ Telephone Number: _____

READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

TOWN OF WATSON
ATTENTION: TOWN CLERK

Town of Watson
6971 Number Four Road
Lowville, New York 13367
Phone: (315)376-3866
Fax (315)376-4247

PARK USE FEES

Today's Date: _____ Date(s) Requested _____

Name of Organization or Individual _____

Park Use Fee \$ **25.00**

Damage & Clean-up Deposit \$ **50.00**

The Park Use Fee and Damage & Clean-up Deposit are required upon acceptance of the application.

Received: \$ _____ Date: _____ By: _____

Refunded:\$ _____ Date: _____ By: _____