



TOWN OF FISHKILL
793 Route 52 * Fishkill, New York 12524
*(845) 831-3371 * Fax (845) 831-3069*

PARK PERMIT DIRECTIONS

1. Fill out the two Forms below by typing in the shaded areas
2. When finished save it to your computer's hard drive.
3. Email the completed form as an attachment to Jay Maietta of the Fishkill Recreation Center at jmaietta@fishkill-ny.gov
4. Your request will be reviewed for approval and you will be notified whether it has been approved or denied via email.
5. If you are having difficulty you may print the form and fax it to 845-831-3069.

APPLICATION FOR THE USE OF FACILITIES
 (Submit the completed form at least thirty days prior to the event)

Name of Organization (Please print) _____

Contact Person (Please print) _____

Mailing Address _____

Telephone Information (Day) _____ (Night) _____ (Cell) _____

Description and Purpose of Activity Planned _____

Estimated Number of Persons in Attendance _____

Person in Attendance & Responsible for Supervision _____

Address _____ Phone _____

DATES BUILDING OR GROUNDS ARE TO BE USED
 (If the use is for an extended period, indicate **start** and **end** dates)

Name of Building/Park _____ Room(s)/Field Desired _____

Day(s) of the week requested	Date(s) requested	Arrival/Departure Time Requested

Please note use of town facilities when not otherwise in use may include custodial/police overtime fees, set up and clean up fees.

FOR TOWN USE ONLY

Custodial Overtime Hourly Rate _____ Facility Use Fee(s) _____

Estimated Personnel Needed for Event _____ Total Estimated Overtime Hours _____

Facilities Manager Signature _____ Date: _____

Recommended by _____ Date _____
 Department Head

Approved by _____ Date _____

Supervisor Signature _____ Date _____

PARK PERMIT APPLICATION

PLEASE ATTACH COPY OF INSURANCE CERTIFICATE

Use of the Park requires an Insurance Certificate in the amount of \$1,000,000.00 listing the Town of Fishkill as additionally insured

CONTACT INFORMATION:

Name of Organization: _____

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Fishkill Resident: Yes: No:

Day #: (____) ____ - _____ Ext: _____ Home#: (____) ____ - _____ Cell #: (____) ____ - _____

Email: _____

PLEASE SELECT WHICH FACILITY YOU ARE REQUESTING:

Proposed Activity or Occasion?: _____

Which Park(s) are you requesting?

<input type="checkbox"/> Geering Park	<input type="checkbox"/> Shepherd Memorial	<input type="checkbox"/> Doug Phillips	<input type="checkbox"/> Camp Foster
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What Facilities do you need for your event?

<input type="checkbox"/> Pavilion	
<input type="checkbox"/> Basketball Court	How many Courts? <input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> Tennis Courts	How many Courts? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Ball Field	How many Fields? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Field Size? <input type="checkbox"/> Softball <input type="checkbox"/> Little Lg Baseball <input type="checkbox"/> Senior/Major Lg. Baseball

DATES REQUESTING:

of Dates Applying for: _____

Dates and Times Applying for: (Please see following page if additional Dates are needed.)

Date	Time	Estimated # of People

FOR OFFICE USE ONLY:

Request to LL _____ Calendar Tentative _____

Request Approved _____ Request Denied _____ Calendar Updated _____

Paid _____ CK # _____ Deposit _____ CK # _____

Permit Issued _____ Bathroom Key Issued _____ 331 Key Issued _____ Tennis Key Issued _____ Bases Issued _____

Bathroom Key Returned _____ 331 Key Returned _____ Tennis Key Returned _____ Bases Returned _____

