

Town of Cape Vincent

Recreation Park

Request to use the Recreation Park Building

Type of Event _____

Date Requested _____

Time Event Scheduled _____ To _____

Expected Number of Participants _____

Event Sponsor: Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Signature _____

Print Name _____

Date _____

Note: EVENTS BEING HELD IN THE RECREATION PARK BUILDING AND THE USE OF THE GROUNDS ARE SUBJECT TO A \$ SECURITY DEPOSIT AND MUST ACCOMPANY THE APPLICATION. IF THE BUILDING/GROUNDS ARE LEFT AS FOUND, A PORTION OF THE DEPOSIT WILL BE RETURNED. IF ALCOHOLIC BEVERAGES WILL BE SERVED THE FOLLOWING RULES APPLY.

NO SMOKING IS ALLOWED WITHIN 50' OF THE BUILDING.

A CERTIFICATE OF INSURANCE IS REQUIRED, NAMING THE "TOWN OF CAPE VINCENT" AS AN ADDITIONAL INSURED.

Request Approved _____

Request Denied _____

By _____