



TOWN OF FISHKILL

793 Route 52
Fishkill, New York 12524

(845) 831-3371
Fax (845) 831-3069

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

Name of Applicant: _____

Sponsoring Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Resident (Y) (N)

Day #: () _____ Home#: _____ Cell #: _____

Email: _____

Proposed Activity: Game(s) ___ Sports Camp: ___ Small Party: ___ *Large Party/Event: ___

*If Large Event or Party, Please provide a brief explanation of your event on the back or extra sheet.

1) PAVILION OR PARK RENTAL *(provide requested dates in the chart below)*

___ MAURER GEERING PARK ___ SHEPHEARD MEMORIAL
___ DOUG PHILLIPS ___ CAMP FOSTER

2) BALL FIELD RENTAL: *(provide requested dates in the chart below)*

A) ACTIVITY: BASEBALL ___ OR SOFTBALL ___
B) FIELD SIZE: 60 FOOT ___ OR 90 FOOT ___

of Dates Applying for: _____

Dates and Times Applying for: *(attach additional sheet or schedule if needed. List backup dates if necessary.)*

Date	Time	Estimated # of People

For Office Use Only:

Request to LL _____ Calendar Tentative _____
Request Approved _____ Request Denied _____ Calendar Updated _____
Permit Printed _____ Permit Issued _____ Bathroom Key Issued _____ Bases Issued _____
Paid _____ CK # _____ Deposit _____ CK # _____
Bathroom Key Returned _____ Bases Returned _____