

Town of Olive Park Application



Name of Person in Charge _____

Mailing Address _____

Phone or Cell _____

(Where you can be reached the day of the party)

Email _____

(If you would like to have form sent to you)

Facility Requested: DAVIS SHOKAN AMERICAN LEGION HALL

Date of Event _____ Number of Guests _____

Hours (am/pm) _____ Type of Gathering _____ (wedding, fund raiser, etc)

PLEASE READ THE FOLLOWING VERY CAREFULLY AND SIGN TO ITS TERMS BELOW:

RETURN THIS APPLICATION TO:

The Supervisor's Office, PO Box 180, West Shokan, NY 12494 with two checks. The first check of \$200 is your deposit. The second check of \$100 is your fee. Fees are now regardless of the size of your party. Non-profits please contact our office regarding fees. If you do cancel your party, please let us know immediately, since we often have a waiting list for certain weekends. Make your checks out to: **The Town of Olive.**

We only rent the parks out on Saturdays and Sundays and the person in charge must be a town resident. Your deposit will be refunded upon final inspection of the parks. Please allow at least two weeks for it to be returned. (We do not deposit your check, unless there is a problem. The Park staff will notify our office if there has been damage or garbage left in the parks). Ballfields are only available if there are no prior games scheduled. Little League, Softball, Babe Ruth, Soccer and Football have priority over rentals.

GUESTS OF DAVIS PARK: If you wish to use the pool, please see the attached letter and coordinate with the desk clerk on duty. It is important that your guests receive a pool entry bracelet prior to using the pool.

GARBAGE. We provide the liners, you bag them and take them at the end of your party. **Take your garbage with you!** You will be billed for the garbage you left behind. Please be respectful of the park's neighbors. Any other issues, please call the Supervisor's Office at 657-8118. Thank you!

I have read the above and agree to the terms of the rental.

RETURN THIS ENTIRE FORM SO WE MAY PROCESS YOUR PERMIT. (Do not write below this line. Office use only.)

Town of Olive Park Permit



Permit Granted to: _____

Location: _____

Date and Time: _____

Town Official Approval