

Village Of Horseheads
202 S. Main Street
Horseheads, NY 14845
Phone: 739-5691
www.horseheadsrec.org

APPLICATION FOR USE OF FACILITIES

INFORMATION ABOUT YOUR GROUP:

Name of Organization or Individual _____
Mailing Address _____
Your Supervisor in Charge _____
Telephone: (Day) _____ (Evening) _____
Has your organization been granted "NON-FOR-PROFIT" status by the IRS and NYS Department of Taxation and Finance?
Yes _____ No _____ ID # _____

DATE REQUESTED _____ **TIME REQUESTED** _____

FACILITY REQUESTED:

SULLIVAN PARK:

____ Pavilion #1 (by restroom) ____ Field #1 (closest to pool-lit)
____ Pavilion #2 (by playground) ____ Field #2 (near bus garage)
____ Pavilion #3 (near cemetery) ____ Field #3 (closest to cemetery)
____ Pool ____ Tennis Courts (3)/Hitting wall

GARDNER ROAD PARK:

____ Field #1
____ Field #2

OTHER PARKS:

____ Teal Park
____ Maple Grove Lane Field
____ Little League Field-Throne
____ Babe Ruth Field-Mill St

Other: _____

INTENDED USE

Purpose of Use _____
Total Number of Participants Expected: Adults _____ Children _____ # Of Residents _____ # of Non-Residents _____
Is material or equipment requested from Village? Yes _____ No _____
If yes, state what types and for what purpose _____
Is an admission fee charged? Yes _____ No _____
If so, what will proceeds be used for? _____

AGREEMENT

The undersigned is over 18 years of age and has read this form and attached Rules and Regulations and agrees to comply with them. He/she agrees to be responsible to the Village for the use and care of the facilities. He/she, on the behalf of the above Organization or individual does hereby covenant and agree to defend, indemnify and hold harmless the Village from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's 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 Village property, facilities and/or services by the above Organization or individual.

Signature of Organization Representative/Individual Address
Date _____ Phone

OFFICIAL USE ONLY

Fee Required Yes _____ No _____ \$ _____
Rec'd: Check _____ Cash _____
Received by: _____
Date: _____
One Time use: _____ Long Term Application From: _____
New application required as of: _____
Action Taken: Denied _____ Approved _____
Conditions: _____

By: _____

Village Official

Date: _____

EFFECTIVE MAY 1ST, 2010 THE DAILY RENTAL FEE FOR RESERVATION INCLUDING NON-PROFIT ORGANIZATIONS IS \$20.00. NO RESIDENCY IS REQUIRED.