APPLICATION FOR USE OF SARAH TAYLOR PARK FIELD

PLEASE PRINT				
Name of Organization				
Contact Person				
Mailing Address				
Phone	Daytime	Evei	Evening	
Description of activity				
Estimated number of p				
Person Responsible	Name	Pho	Phone	
	DATE/E	DATES REQUESED FOR FIELD	USE	
Day	Date	Time of arrival	Time of Departure	
List additional dates or	next page			
Please submit an Insuradditionally insured.	rance Certificate	in the amount of \$1,000,000	naming the Village of Fishkill as	
NOTE: Village of Fishkill event they are scheduled.	s at Sarah Taylor	Park will take precedence and	you will be notified of these events it	
_		to use the trash receptacles, pa her sections of the Park.	rk in designated areas only and respec	
FOR OFFICE USE ONLY	· REQUEST APPR	OVED REQUEST I	DENIED	

Additional dates:

Day	Date	Time of arrival	Time of Departure