

# Galway Dockstader Fields

Town of Galway New York

## APPLICATION FOR USE OF COMMUNITY FACILITIES

Today's Date: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

### INFORMATION ABOUT YOUR GROUP

Name of Organization or Individual: \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_. Your supervisor in charge: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

### INFORMATION ABOUT YOUR INTENDED USE OF MUNICIPAL FACILITIES

Purpose of Use: \_\_\_\_\_

Total Participants Expected: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Is material or equipment required from municipality? Yes \_\_\_\_\_ No \_\_\_\_\_

If needed, state what types and for what purpose: \_\_\_\_\_

Residents (Number): \_\_\_\_\_ Non-Residents (Number): \_\_\_\_\_

Is an admission fee charged? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what will proceeds be used for? \_\_\_\_\_

### AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she, on behalf of Name of Organization or Individual does hereby covenant and agree to defend, indemnify and hold harmless the Municipality from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys 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 Municipality's property, facilities and/or services by Organization or Individual.

\_\_\_\_\_  
Signature of Organization's  
Representative or Individual

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Outside Organizations under 18 \$25.00 per usage  
Adult Organizations \$100.00 per usage  
1 million insurance certificate required, naming  
Town as additional insured

\_\_\_\_\_  
Approval Signature of Town Official  
Town Clerk