

*Village of Wolcott*

6015 New Hartford Street  
PO Box 85  
Wolcott, NY 14590  
Phone (315) 594-9501  
vwolcott@rochester.rr.com  
TDD (800) 662-1220

**Christopher Henner**  
Mayor

**Fran Acker**  
Clerk-Treasurer

**APPLICATION FOR USE OF MUNICIPAL FACILITIES**

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

Date(s) Requested: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

**INFORMATION ABOUT YOUR GROUP**

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

Name of Responsible Person: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**INTENDED USE OF MUNICIPAL FACILITIES**

Event: \_\_\_\_\_

Is this a private event or will it be open to the public? \_\_\_\_\_

*Please keep in mind that Village of Wolcott Public Parks must remain open to the public at all times*

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

If known, number of Village Residents: \_\_\_\_\_ Non Residents: \_\_\_\_\_

Is any equipment requested from the Village of Wolcott? YES \_\_\_ NO \_\_\_

If yes, state what equipment is requested and for what purpose: \_\_\_\_\_

Will an admission fee be charged? \_\_\_\_\_ How Much? \_\_\_\_\_

What will proceeds be used for? \_\_\_\_\_

If utilizing Wolcott Falls Park, will restroom facilities be needed? Yes \_\_\_ No \_\_\_

**AGREEMENT**

The undersigned is over 21 years of age and has read this form and any attached regulations and agrees to comply with these regulations as well as any special conditions set forth by the Village of Wolcott Board of Trustees. He/She agrees to be responsible to the Village of Wolcott for the use and care of the municipal facilities. He/She, on behalf of the organization known as: \_\_\_\_\_ does hereby covenant and agree to defend, indemnify and hold harmless, the Village of Wolcott from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damages to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Village of Wolcott property, facilities and/or services by the organization known as \_\_\_\_\_.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

READ ANY ATTACHED REQUIREMENTS AND RETURN COMPLETED APPLICATION TO:

Village of Wolcott  
6015 New Hartford St  
PO Box 85  
Wolcott, NY 14590

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*For Office Use Only*

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Action By: \_\_\_\_\_ Date: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

