

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

Gary J. Baker
Mayor

Lori A. Tyler
Clerk-Treasurer

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 _____ Person in Charge: _____

Mailing Address: _____

Telephone: (Day) _____ (Evening) _____

INFORMATION ABOUT YOUR INTENDED USE OF MUNICIPAL FACILITIES

Purpose of Use: _____

Total Participants Expected: _____ Adults: _____ Children: _____

Is material or equipment required from the municipality? Yes _____ No _____

If needed, state what types and for what purpose: _____

Residents (Number): _____ Non-Residents (Number): _____

Will an admission fee be 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 _____ Organization 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 attorneys 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 _____ Organization.

Signature of Representative

Date

Address

Telephone

READ ATTACHED REQUIREMENTS AND RETURN COMPLETED APPLICATION TO:

Village of Wolcott
6015 New Hartford Street
P.O. Box 85
Wolcott, NY 14590

For Office Use Only

Date Received: _____ Approved _____ Denied _____

Action By: _____ Date: _____

SPECIAL CONDITIONS: _____