

**TOWN OF STANFORD
26 TOWN HALL ROAD
STANFORDVILLE, NEW YORK 12581**

APPLICATION FOR USE OF COMMUNITY FACILITIES

Today's Date: _____ Date(s) requested _____

Facility Requested _____

INFORMATION ABOUT YOUR GROUP

Name of Organization or Individual _____

Type of Organization Corporation _____
Limited Liability Company _____
Partnership _____
Unincorporated Associations _____
Not for Profit Corporation _____
If any of the above: State or Organization _____
If individual: Social Security Number: _____

Time: _____ to _____. Your supervisor in charge _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

Cell Phone: _____

INFORMATION ABOUT YOUR INTENDDD USE OF MINICIPAL 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? _____

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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) does hereby covenant and agree to defend indemnity and hold harmless the Town of Stanford 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 claims or loss to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Town of Stanford's property, facilities and/or services by of _____ (Name of Organization) to any of its participants, members, employees, contractors (including subcontractors), agents, quests or invitees.

Name of Organization: _____

By: _____

Its: _____ (title)

Address _____

Telephone No. _____

Cell Phone _____

E-mail Address: _____

Name of Point Person or Responsible Party for this event: _____

Contact Information: Telephone: _____

Cell Phone _____

Email Address: _____