

TOWN OF HORSEHEADS HOLDING POINT RECREATION COMPLEX
150 WYGANT ROAD
HORSEHEADS, NY 14845
607-795-0383
FAX# 607-739-0469

Application for use of Facilities:

Today's Date: _____ Date(s) Requested: _____ Time Requested: _____

INFORMATION ABOUT YOUR GROUP:

Name of Organization or Individual: _____

Mailing Address: _____

Your Supervisor in Charge:

Telephone:(Day Time)

Evening:

Has your organization been granted "Not-For-Profit" status by the IRS and NYS Department of Taxation and Finance? Yes _____ No _____ ID# _____

FACILITY:

Holding Point Recreation Complex:

- ___ Softball Fields
- ___ Little League
- ___ Adult Baseball
- ___ Soccer Fields

Other Parks:

- ___ Breesport Park
- ___ Hazlett Park
- ___ Town Hall Fields
- ___ MeadowBrook Park

OTHER(Please Specify): _____

INTENDED USE:

Purpose of Use: _____

Total # of Participants Expected Adults _____ Children _____ Residents _____ Non-Residents _____

Is Material or Equipment Required from the Town of Horseheads: Yes _____ No _____

If yes, Please State what Types and For What Purpose: _____

Is an Admission Fee Charged? _____ Yes _____ No

Is So, What will the proceeds be used for? _____

AGREEMENT:

The undersigned is over 18 years of age and has read this form and attached Rules and Regulations and agrees to comply with them. He/she agrees to be responsible to the Town for the use and care of the facilities. He/she, on behalf of the above Organization or individual does hereby covenant and agree to defend, indemnify and hold harmless the Town 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 Town property, facilities, and/or services by the above organization or individual.

___ One time use ___ Long term application from _____ To _____ New Application required as of _____

Action Taken By _____ Approved _____ Denied _____ Conditions _____

Signature of Organization Representative _____

Printed name _____

Read Attached Rules and Return this Application To:

Town of Horseheads Recreation Complex Attention ~~Kevin Smith~~ Marty Vanderhoff at 607-739-2410
150 Wygant Rd. Horseheads, NY 14845