

Town of Westerlo
Application for use of Town Park facilities
(Westerlo and South Westerlo)

****In order to ensure your reservation, this form must be submitted with the appropriate fee****

****In order to benefit from the reduced residency fee, proof of residency must be supplied. A copy of your driver's license is also required****

****BATHROOM FACILITIES ARE LOCKED. If you desire the key to the facilities for use during your event, you must request the same (see below). You will be responsible for the condition of the bathroom upon completion of your event. You must lock the bathroom facilities at the conclusion of the event, and return the key within 24 hours of the completion of your event****

Applicant's name _____ Contact Phone No. _____

Applicant's address _____

Resident _____ (____ tax bill; ____ driver's license; ____ utility bill)

Nonresident _____

Reservation information

Date of use _____ South Westerlo ____ Westerlo ____

Area to be reserved Pavilion____ Softball field (Westerlo) ____ Both (Westerlo) ____

Reason for use _____

Will there be outside vendors? Yes ___ No ___ If so, how many? _____

Will there be rental services involved? Yes ___ No ___ If so, please describe:

Do you request permission to have alcoholic beverages present? Yes ___ No ___

Do you request the key to the bathroom facilities? Yes ___ No ___

Payment Information

Amount paid (Westerlo): \$50____ (resident) \$100____(non-resident or special event)

Amount paid (South Westerlo): \$25____(resident) \$50____(non-resident or special event)

Park deposit fee (\$200 or \$100 for South Westerlo) received (circle one) yes no

Method of payment: reservation fee: check ___(no.____) cash _____

Park deposit fee: check only ___ (no. _____)

I have read the Rules for Reservation of Park Facilities, as well as Local Law No. 3 of 1989 (the Town Park Law) and agree to abide by the same. I understand that if I do not comply with the requirements set forth therein, I may not be permitted to reserve the park facilities in the future.

Date: _____

Applicant's Signature: _____

Received/Approved by: _____

Limitation: _____

Alcoholic beverages permitted? Yes ___ No ___