SCHUYLER PARKField and Facility Request Form

Organization:			
Person Responsible For A	ctivity:		
Street Address:			
City:		State:	Zip:
Phone: (H)	(W)	(C)	
Email:			
Field(s) Requested:			
Dates and Times:			
Type of Activity/Purpose:			
Equipment Needed:			
# of Participants:	# of Spectators:	# of Residents	
not-for-profit), that will b	nsurance is required for all School be using Schuyler Park. The Certifi as additional insured and must b	icate must name the	Town of Saratoga and
NAMED ABOVE WILL A	IAT THE ORGANIZATION OR TO DHERE TO ALL RULES, REGULA IABLE FOR ANY AND ALL DAM	ATIONS AND REQUI	REMENTS OF SCHUYLER
Signature of Applicant		Schuyler Park Representative	
Date of Application		 Date of Approval	