



4949 Lake Shore Drive, PO Box 7  
Bolton Landing, NY 12814  
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## THE TOWN OF BOLTON FACILITIES USE REQUEST

**\*This form does not reserve a space or table. It is first come first served.\***

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Activity: \_\_\_\_\_  
Day of week                      date                      year

### PARK OR FACILITY YOU WOULD LIKE TO USE

Roger's Park                       Roger's Park Bandstand                       Roger's Park Pier

Veteran's Park                       Veteran's Park Pavilion

Type of Activity: \_\_\_\_\_

Number of person's involved: \_\_\_\_\_

Any Alcoholic Beverages: YES                       NO

If yes: TYPE \_\_\_\_\_ Amount \_\_\_\_\_ Type of Dispenser \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### YOU ARE RESPONSIBLE FOR REMOVING YOUR GARBAGE FROM FACILITY

Approved: _____ <i>Authorized Official</i>
Date: _____

Denied: _____ <i>Authorized Official</i>
Date: _____