



Town of Riverhead
Senior Services / Parks & Recreation Dept.

Applicant Information

Full Name: Last First Organization/Team Name
Address: Street Address Apartment/Unit #
City State ZIP Code
Home Phone: () Date of Birth:
Email Address:

Facility Information

Please see the reverse side of this form for a list of all facilities and fees.
Additional information may be found on the website at www.Riverheadrecreation.net.

Type of Use or Event: Facility Requested:
Expected # of People: Will you be charging participants/spectators a fee? (YES / NO)
Rooms/Fields: (please indicate a second choice if applicable)

Days/Dates/Hours: (Be Specific):
(If this is a Community Center/Reoccurring booking please indicate dates on Quarterly Calendar Sheet)

Do you wish to serve or cook food?

Yes No

Do you require restrooms?

Yes No

Signature of Applicant: Date:

OFFICE USE ONLY

Insurance Facility Use Agreement Hold Harmless
Received by: Status: