

**VILLAGE OF WARWICK
FACILITY USE REQUEST**

Today's Date _____

Date(s) Requested: _____

Time of Event: _____

Village Park/Facility Requested: _____

****Please use attached map to indicated areas to be used****

Information about Group/Organization:

Name of Organization or individual: _____

Check One: _____ Non-Profit _____ 501(c)3 _____ For Profit _____ Private Event

Proof of Residency: _____ Designated Contact: _____

Mailing Address: _____

Telephone: (Day) _____ (Evening) _____ (Cell) _____

Information about intended use of Village Facilities:

Purpose of Use: _____

Total Participants Expected: _____ Adults _____ Children

How will the event be advertised? _____

Is Village equipment required? _____ Yes _____ No

If needed, state type and for what purpose: _____

Village of Warwick Participants: _____ Non-Resident Participants: _____

Is an admission fee charged? _____ Yes _____ No

If so, what will proceeds be used for: _____

Will food be served? _____ Will food be sold? _____

Please give details: _____

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the Village for the use and care of the facilities. He/she, on behalf of _____ (name organization) does hereby covenant and agree to defend, indemnify and hold harmless the Village 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 Village's property, facilities and/or services by _____ (name organization).

Signature of Organization's Representative (must be a Village of Warwick Resident)

Address: _____ Telephone: _____

