



ANDREW M. CUOMO
Governor

Application for Field and Park Use

Name: _____ Date: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Field Requesting: Octagon Firefighters Capobianco Pony

Date(s) Requesting:

Time(s) Requesting:

Intended Use:

Number of anticipated participants: _____

Will spectators be charged fees to watch? Yes No

Does your Team/Organization already have insurance? Yes No

Additional Comments: