



**Queensbury  
PARKS & RECREATION**

742 Bay Road, Queensbury NY 12804  
(518) 761-8216 • recreation.queensbury.net

## FACILITY USE/RENTAL APPLICATION Ridge/Jenkinsville Park Athletic Complex

### CONTACT INFORMATION *(insurance certificate required\*)*

Purpose of requested use: \_\_\_\_\_

Contact name (F/L) of person responsible for event/field use: \_\_\_\_\_

Application on behalf of:       Individual/Family       Group       Organization/Club

Name of Family/Group/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

*\*Groups and Organizations MUST provide a certificate of insurance naming the Town of Queensbury as an additional insured. Certificate must be received PRIOR to date of the event/rental: recreation@queensbury.net*

### FIELD USE INFORMATION *(attach additional information as necessary)*

Rental/Use location:       Soccer/Lacrosse Fields       Softball Fields       Pickleball Courts

Day(s) of week needed: \_\_\_\_\_ Number of fields/courts needed: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Will admission be charged?       Yes       No

Will concession area at soccer field house be used? (Separate fee charged.)       Yes       No

Additional comments or requests pertaining to your application: \_\_\_\_\_

### APPLICANT SIGNATURE

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. I agree to be responsible to the municipality for the use and care of facilities. I, on behalf of \_\_\_\_\_ does hereby covenant and agree to defend, indemnify and hold harmless the Town of Queensbury from and against any and all liability loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with actual or proposed use of the Town of Queensbury's property or facilities.

Signature of Organization's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE

Date Received: \_\_\_\_\_ Approved by: \_\_\_\_\_ Permit issued: \_\_\_\_\_

Insurance Cert. rec'd? \_\_\_\_\_ Field Use Fee rec'd? \_\_\_\_\_ HHA signed/rec'd? \_\_\_\_\_