	f your event	OFFICE USE ONLY Application Approved Application Rejected By: Date:
Name/Type of Activit	у	
Group Size (approx.)	(Last reservation October 15 th)	Time (begin/end)
Desired pavilion: (Please check one)	 Maziarz Pavilion – South Cobblestone Pavilion – North (Near Restrooms) 	
Event Coordinator	Phone	
Address		
E-Mail		
If application is acco	ides free use of the picnic pavilions by reservation, and Picnic tables and electric service are provid epted, the group is responsible for adhering to all Park I be held responsible for any damage to Park premises	ed. rules and regulations. The event

This reservation will take precedence over other groups or individuals for the above date and time. For assistance, contact the Caretaker at the Marine Park Office: (585) 682-3641.

Please contact the office if there are changes to the event, or if the event is cancelled.

DO NOT staple, tack, nail or otherwise attach or fasten banners, balloons, signs, posters, tarps, lights, speakers or other devices to the pavilion.

I will abide by the Marine Park Rules and regulations, and I acknowledge that failure to do so may result in removal from the Marine Park and denial of any future use of Marine Park recreational facilities. Please sign below to indicate that you have read and agree to the conditions:

SIGNATURE

DATE

RETURN COMPLETED FORM TO: Orleans County Marine Park 14016 Route 31 Albion, NY 14411 Phone (585) 589-3198 Fax (585) 589-6647