



Joseph G. Pinto
Commissioner

Town of Oyster Bay
Department of Parks
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www.parkspermits@oysterbay-ny.gov

Gregory J. Skupinsky
Deputy Commissioner

Gregory M. Mangino
Deputy Commissioner

INDOOR PRIVATE ICE RINK USE APPLICATION

APPLICANT'S NAME: _____ TOB RESIDENT NON-RESIDENT

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

PERMISSION IS REQUESTED TO USE
Bethpage Ice Center

DATE(S) and HOURS REQUESTED: 1st _____ 2nd _____ 3rd _____

APPROX NUMBER OF SKATERS: _____ AGE OF SKATERS: _____ DO YOU NEED SKATE RENTALS: ___ YES

DO YOU NEEDS NETS SET UP: ___ NO ___ YES. IF YES, HOW MANY NETS: __ 1 __ 2

The APPLICANT understands and acknowledges that the information provided in the application is true and accurate, and that the Town of Oyster Bay and the Department of Parks are relying on these statements and representations as a basis for the issuance of a permit. The APPLICANT agrees to abide by the terms set forth in this application, and the Rules and Regulations of the Town of Oyster Bay and Department of Parks. Additionally, the APPLICANT fully understands that their organization may not under any condition sublease, sell or assign this permit and that any unused facility time and/or space must be given back to the Parks Department. Any violation of the rules herein will result in the permit being revoked.

Signature: _____ Date: _____

This is an application and is not to be used as an actual permit for facility use. Credit Card is required to book date or risk forfeiture of time slot



Town of Oyster Bay
Department of Parks

BETHPAGE ICE RINK

	<u>Regular Rates</u> <u>April 1- Sept 30</u>	<u>Prime Time Rates</u> <u>Oct 1- March 31</u> <u>M-F 5pm-10pm</u> <u>Sat&Sun 9am-10pm</u>
RESIDENT	\$400	\$500
NON-RESIDENT	\$600	\$675

- Ice Skate rentals \$6.00 each pair
- E-mail COMPLETED Private Ice Rink Application AND Hold Harmless Form to
- www.parkspermits@oysterbay-ny.gov