



Joseph G. Pinto
Commissioner

Town of Oyster Bay
Department of Parks
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Gregory J. Skupinsky
Deputy Commissioner

Gregory M. Mangino
Deputy Commissioner

FIELD/FACILITY USE PERMIT APPLICATION

REQUESTING ORGANIZATION _____

APPLICANT'S NAME: _____ TOB RESIDENT ___NON-RESIDENT___

ORGANIZATION'S OFFICIAL ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL: _____ E-MAIL _____

Do 80% of players/participants reside in the Town of Oyster Bay? YES ___NO___

Is this a Non-Profit Organization? YES___ NO___

Federal Tax ID # (required only if applying as a Non-Profit group): _____

Permission is requested to use (please check one):

___Baseball ___Softball ___Football ___Lacrosse ___Soccer___ Other _____

Location: _____ Field: _____

Date(s) Requested: _____

Days and Hours Requested (separate sheet may be used):

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday: _____

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. Proof of Non-Profit Status is required to qualify for the Non-Profit fee schedule. 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 the 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 field 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 _____