



Village of Cobleskill
Request for Use of Facilities Application

Date of Application _____

Name of Organization or Individual _____

Mailing Address _____

Phone Number _____ Email Address _____

Name of any alternative contact person _____

Is applicant/organization a resident/property owner of The Village of Cobleskill _____

Phone Number _____ Email Address _____

Facility Requested _____ Date Requested _____

Event Start Time _____ Event End Time _____

Purpose of Use: _____

Will you be able to provide a Certificate of Insurance naming the Village of Cobleskill as an additional insured? _____

Total Participants Expected: Adults: _____ Children: _____

Are you charging fees for any aspect of your activity? _____

If yes, Fee amount and description: _____

Will the proceeds benefit a charity? _____ If yes what charity? _____

Will food or beverage be sold or offered at the event? _____

Will tents or any other items be erected? _____

Signature, hereby acknowledging receipt of the Use Facilities Policy: _____

Date application received: _____

Date applicant provided a copy of the facility use policy _____

Date to be placed on Board of Trustees meeting agenda: _____

Approved _____ Denied _____ Date applicant notified: _____

Any Fees Required _____