



**VILLAGE OF SAUGERTIES**  
43 PARTITION STREET SAUGERTIES, N.Y. 12477  
PHONE: 845-246-2321 FAX: 845-246-0887

**Seamon Park Application**

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Day and Date of Use:** \_\_\_\_\_ **Time of Use:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Number of People:** \_\_\_\_\_

**Will electric be needed?** Yes      No

**It is understood by the applicant that the use of Seamon Park is assumed under the following conditions:**

- 1. THE APPLICANT IS RESPONSIBLE FOR ANY DAMAGE TO THE FACILITY OTHER THAN NORMAL WEAR AND CLEAN-UP WHEREBY THE FACILITY IS LEFT IN THE CONDITION IN WHICH IT WAS FOUND.**
- 2. THE APPLICANT AND ALL USERS DO SO AT THEIR OWN RISK!**
- 3. NO ALCOHOLIC BEVERAGES ALLOWED AT ANY TIME.**
- 4. FEES ARE AS FOLLOWS: Village Resident – No Charge/\$50 Refundable deposit  
Non-Village Resident - \$100/\$50 Refundable deposit**  
The deposit will be refunded within ten (10) days after use. Any fee for damage repair or cleanup will be deducted from said deposit.

I, \_\_\_\_\_, acknowledge to the Village of Saugerties that, I am 21 years of age or older, and that I agree to assume the supervision of all the members of my group while they are using Seamon Park. I also acknowledge that I will abide by the above Rules while I am in charge. I further acknowledge that I will assume the responsibility for any damage caused while the group is using the park.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FEE received:** \_\_\_\_\_ **Deposit received:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by** \_\_\_\_\_  
Village Clerk