EVENT APPLICATION FORM
VILLAGE OF CLAYVILLE
2505 Foundry Place ~ Clayville, NY 13322
Phone: (315) 839-6222 / Email: clayclerk2@aol.com

Today's Date: _____   Date(s) Requested: _____

Facility Requested: _____

INFORMATION ABOUT GROUP:

Name of Organization or Individual: _____

Use Time From: _____   To: _____

Responsible Party: _____   Email: _____

Mailing Address: _____

City: _____   State: _____   Zip Code: _____

Telephone: Home: _____   Cell: _____

INFORMATION ABOUT INTENDED USE OF VILLAGE PROPERTY:

Event Location: _____

Description of Event Course: _____

Total Participants Expected: _____   Adults: _____   Children: _____

Is an admission fee charged?   Yes ☐   No ☐

If so, what will the proceeds be used for? _____

If food is to be served, give details: _____

****Non-Profits Need to Provide Exemption Certificate if Applicable****

Does event require a Village Street or Right of Way to be blocked: Yes ☐   No ☐

If so, give street and nearest intersection(s): _____

What time of day will streets be blocked: From _____   To: _____

**BE ADVISED: PERSON(S) USED AS CROSSING/ROAD GUARDS
MUST BE AT LEAST 18 YEARS OLD**