



## FACILITY USE APPLICATION

EVENT DATE: \_\_\_/\_\_\_/\_\_\_ EVENT start TIME: \_\_\_\_\_ end TIME: \_\_\_\_\_ SET UP dates/time: \_\_\_\_\_/\_\_\_\_\_

LOCATION OF EVENT: HH / Castle / Other (specify) \_\_\_\_\_ APPLICANT: Private / Nonprofit

ESTIMATED # ATTENDEES \_\_\_\_\_ TYPE of EVENT: wedding, Bar/Bat, anniversary, fundraiser, birthday; \_\_\_\_\_

SPECIAL REQUIREMENTS (circle one): tent/grounds/amphitheater/stables/barn/other \_\_\_\_\_

APPLICANT (ORGANIZATION or INDIVIDUAL) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_; (cell) \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_

CATERER: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ Website: \_\_\_\_\_

EVENT PLANNER: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

### **FOR OFFICE USE:**

APPROVED BY FSPP: \_\_\_\_\_ REASON DENIED \_\_\_\_\_ DATE: \_\_\_/\_\_\_/2010

APPROVED BY VSP: \_\_\_\_\_ REASON DENIED \_\_\_\_\_ DATE: \_\_\_/\_\_\_/2010

EVENT FEE: \$ \_\_\_\_\_ D/P DEPOSIT AMT \$ \_\_\_\_\_ SECURITY DEPOSIT \$ \_\_\_\_\_

SET UP FEE: \$ \_\_\_\_\_ STORAGE FEE: \$ \_\_\_\_\_ PHOTO FEE: \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ FINAL PAYMENT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

CATERER/PLANNER SECURITY DEPOSIT(S) AMT \$ \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ FINAL PAYMENT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit this form with deposit to: Friends of the Sands Point Preserve, Inc.;  
Attn: Allison Hubbard, Castle Gould, 127 Middle Neck Road, Sands Point, NY 11050.**