



# Town of Pittsford

## Facility Use Application Form

Recreation Department – 35 Lincoln Ave – Pittsford, 14534 – 248-6280

### APPLICANT INFORMATION

Organization or Individual Name		Date of Application	
Applicant's Name			
Address		Town	Zip
E-mail address		Phone Number	

### FACILITY INFORMATION

Facility: <input type="checkbox"/> Spiegel Community Center <input type="checkbox"/> Pittsford Community Library	Room:
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### RESERVATION INFORMATION

Starting Date		Ending Date	
Time <b>From:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	Time <b>To:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	Actual time of event: <b>From:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	Actual time of event: <b>To:</b> <input type="checkbox"/> am <input type="checkbox"/> pm
Estimated attendance		Purpose of facility use	

*By signing below I acknowledge that I have read and understand the Town's facility use policy, rules and regulations.*

Applicant's Signature	Date of Application
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**Please submit all facility use applications to: Recreation Department, 35 Lincoln Avenue**

Thank you for your interest in using a Town of Pittsford facility. We hope to be able to grant your request. Confirmation of your reservation will be e-mailed to you so please provide an e-mail address.

<b>(OFFICE USE ONLY)</b>		
Date Received: _____	Staff Initials: _____	Receipt #: _____