INSURANCE REQUIREMENTS

THIS IS TO CERTIFY THT I HAVE READ AND UNDERSTOOD THE DESCRIBED CONDTIONS SET FORTH IN THIS APPLICATION AND APPLICABLE CITY

ORDINANCES AND WILL COMPLY AND OBSERVE ALL REGULATIONS AND LAWS AS STATED WITHIN THIS APPLICATION.

Applicant Cianatura

Applicant Signature	Date	-
If organization, state the name of the or	rganization and appli	cant's title in the organization:
Organization	Title	
Do not write below this line. For office use only.		
Please note if paying with cash or check (include check no).		
Application Fee- (if required) . (For inf Newburgh Recreation Department at (ease contact the City of
Security Deposit – amount:	date due:	date paid:
Facility/Pool/Field Usage Fee:		
Activity Center/Field/Pool	hours at \$	per hour = \$
• # of games@ \$	per ga	me=\$
• Tournament \$p	er day for	days=\$
• Total Usage Fee- amount:	date due _	date paid
Certificate of Liability Provided date provided		
Recreation Department Staff Approval	/ staff signature	

All events must be cancelled 48 hours prior to scheduled event. In the event that you do not cancel you will forfeit half of your deposit. The recreation department reserves the right to cancel any events due to inclement weather and any emergency.