Name/Type of Activity



OFFICE USE ONLY

Application Approved

Application Disapproved

By:

Date

Pavilion Reservation Form 낚(Be sure to take this form with you at the time of event)낚

		 :
Sz of Group	Date of Event	Time (begin/end)
Desired area:	(October 15 th last reserva	tion)
Please check one:	1 Maziarz Pavilion - 1 (Sc	outh)
(map on reverse	2 Cobblestone Pavilion - 2 (Near Restrooms)	
of page)		
Event Coordinator _		Phone
Address		
Add1655		
E-Mail		,
first served basis. Pious If application is accepevent coordinator will event. This Reservat	cnic tables and electric service sted, the group is responsible for be held responsible for any da ion takes precedence over othe	ons to groups by reservation, and on a first come, are provided. or adhering to all Park rules and regulations. The mage to Park premises that may occur at this er groups or individuals for the stated date and at the Marine Park Office, 682-3641.
	ck, nail or otherwise attachers or other devices to the pa	or fasten banners, balloons, signs, posters, vilion.
		nd acknowledge that failure to do so may result in re use of Marine Park recreational facilities.
SIGNATURE	·	DATE
	RETURN COMPLE Orleans County	

Orleans County Marine Park
14016 Route 31
Albion, NY 14411
(585)589-3198 Fax 589-8105

Orleans County Marine Park

