



TOWN OF CATHARINE
Schuyler County
5182 Park Rd., Odessa, NY 14869
607-594-2273, Fax 607-594-2274

CATHARINE PARK PERMIT

I, _____ of _____
(Printed Name) (Address)

_____ agree to abide by the Town of Catharine Park Rules that I have
(Telephone #) received from the Town office as set forth by the Town of Catharine Board.

The date(s) I would like to reserve the Park are: _____.

We would like to reserve:

-- The large pavilion with electric

-- The small pavilion (no electric)

**** Fees for Rental of Pavilions: \$10 for Town Residents; \$25 for non-residents (must be included with application—checks to be made out to "Town of Catharine Clerk")**

-Indoor Bathroom (an additional charge of \$15.00)

--The Ball Diamond

--The Horseshoe pits

I agree that I am responsible for any damage incurred at the Park by my group.

Catharine Park is a SMOKE FREE Park

(Signature of Applicant)

FOR OFFICE USE ONLY:

Date Received: _____ Amt. Received: \$ _____ Check # _____

Approved by: _____