

APPLICATION FOR THE USE of LIBRARY COVE FOR BOCCE / CROQUET

Name of Applicant _____

Address _____

Telephone Number _____ Email: _____

Name of Group, Association or Organization Sponsoring the Activity or Event

Address _____

Telephone Number _____ Email: _____

Start Date _____ End Date _____

Beginning and Ending Times for which Permit is desired _____

Estimate of Anticipated Attendance _____

Type of Activity for which Permit is desired (Circle One) Bocce Croquet

* Signature _____ Date _____

FOR TOWN USE ONLY:

Application Granted on _____ Application Denied on _____

Reason Denied _____

Recreation Director _____ Date _____