

TOWN OF CATHARINE

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

You have been issued a permit to use Catharine Park on	
	(Date)

The following area(s) of the park have been reserved in your name:

- The large pavilion with electric
- The small pavilion
- The Ball Diamond
- The Horseshoe pits
- Indoor Bathroom

Please remember that Catharine Park is maintained by the Town for the use of our area residents. Please respect the rights of others and the property owners around the park by following the rules. **REMEMBER**, **garbage must be removed by the permit holder**.

IF YOU HAVE RENTED THE INDOOR BATHROOM, you must come in to pick up the key by the Thursday before your rental date. Our hours are 9-2 on Mondays, Tuesdays, and Thursdays, and we are open from 4-7 on Wednesday evenings. Thank you for using OUR park. Please pass on any comments you might have to the Town Clerk for consideration by the Town Board.

x

Signature of Park Permit Applicant

Kellie Kretchmer Town Clerk/Collector

Valerie Shisler Deputy Town Clerk/Collector



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CATHARINE PARK PERMIT

I,	of
I,(Printed Name)	(Address)
(Telephone #)	ree to abide by the Town of Catharine Park Rules that I have
	ffice 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:	
\Box The large pavilion wit	h electric
☐ The small pavilion (no	o electric)
	Pavilions: \$10 for Town Residents; \$25 for non-cluded with application—checks to be made out to Clerk")
Indoor Bathroom (a	an additional charge of \$15.00)
□The Ball Diamond	
□The Horseshoe pits	
I agree that I am responsib	ole 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:	