



FACILITY USE PERMIT APPLICATION: PICNICS

Return to: 127 Middle Neck Road, Sands Point, NY 11050; call 516-571-7901, or email form to info@sandspointpreserve.org.

ALL GATHERINGS ARE LIMITED TO 50 GUESTS. SOCIAL DISTANCING AND FACE MASKS ARE REQUIRED.

DATE OF EVENT: _____

ARRIVAL TIME: _____ AM/PM DEPARTURE TIME: _____ AM/PM # ADULTS: _____ # CHILDREN: _____

PERMIT FEE: CONSERVANCY MEMBER: # HOURS _____ x \$25 per hour = \$ _____

*Limit of 3 hours NON-MEMBER: # HOURS _____ x \$50 per hour = \$ _____

Circle Picnic Area:

Phil Dejana Learning Center Great Lawn-Boulders Great Lawn-Hempstead House Checker Board Corner views The Bluff

PARKING FEES:

- I will make one payment for all vehicles in my group: # Vehicles: _____ x \$15 per Vehicle = \$ _____

- Guests will pay separately, upon entry; estimated # Vehicles: _____

BUS/VAN PARKING FEE: # Vans _____ x \$20 per Van = \$ _____

Buses _____ x \$30 per Bus = \$ _____

PAYMENT BY: Cash _____ Check _____ Credit Card _____ TOTAL AMOUNT ENCLOSED = \$ _____

(Checks payable to Sands Point Preserve Conservancy; credit card can be processed in advance at 516-571-7901)

INSURANCE REQUIREMENT: Certificate of Insurance must be submitted 48 hours in advance for organized groups, businesses, or schools only. Template will be provided. Must include as additionally insured: Nassau County, 1550 Franklin Avenue, Mineola 11501 and Sands Point Preserve Conservancy, Inc., 127 Middle Neck Road, Sands Point, NY 11050.

APPLICANT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

CONTACT PERSON _____ CELL _____

Applicant has read, acknowledges, and agrees to comply with the rules outlined on Facility Use Info Sheet

APPLICANT SIGNATURE

DATE

For Office Use:

Date Use Fee Received _____ Amount \$ _____ Paid by: Cash, Check, Credit Card

Date Pre-paid Parking Fee Received _____ Amount \$ _____ Paid by: Cash, Check, Credit Card

Copy sent to: Gate _____ Digital Calendar _____