



TOWN OF MAMARONECK COMMUNITY CALENDAR EVENT SUBMISSION FORM

THIS APPLICATION MUST BE SUBMITTED TO THE WEBSITE ADMINISTRATOR IN-PERSON OR ONLINE 15 DAYS PRIOR TO THE EVENT. THE TOWN CENTER SHALL RESPOND TO AN EVENT SUBMISSION FORM WITHIN NO MORE THAN FIVE (5) DAYS FROM THE DATE OF RECEIPT. ONLINE APPLICATIONS SHOULD BE SENT TO: agrenadier@townofmamaroneck.org

Organization Name: _____

Event Name: _____

Purpose of Event: _____

Date(s) of Event: _____ Time Period – from: _____ AM/PM to _____ AM/PM

Event Address: _____

If admission is charged, for what purpose will proceeds be used? _____

Names of person in charge of event, organization, or presiding officer (please print):

Applicant or Organization's full mailing address:

Phone #: ____ Cell ____ Work () _____ Fax # () _____

E-mail: _____

APPLICANTS MUST COMPLY WITH THE COMMUNITY USE POLICY AS LISTED ON THE MUNICIPALITY'S WEBSITE. FAILURE TO COMPLY WITH THOSE GUIDELINES WILL RESULT IN CANCELLATION OF THE ORGANIZATION'S REQUEST TO POST TO THE COMMUNITY CALENDAR.

I HAVE READ THE SPECIFIED REGULATIONS AND AGREE TO BE BOUND BY THEM.

Applicant Signature: _____ Date: _____