



**ALLEGHENY COUNTY
DEPARTMENT OF PARKS**
412-350-2455 OR 412-350-PARK

APPLICATION FOR RECREATIONAL ACTIVITIES PERMIT

Today's Date _____

_____ **CONTRACT NUMBER** _____ **PAYMENT TYPE** _____

Dates(s) _____

Park _____

Facility (1) _____ (3) _____

(2) _____ (4) _____

Will alcoholic beverages be served? _____ YES _____ NO
(Alcohol Permit \$50.00 each location/date)

Has the applicant provided proof of age? _____

Name of Family/Group _____

For the purpose of (picnic, reunion, graduation, etc.) _____

Name of Leader/Responsible Party _____

E-Mail Address: _____

Address _____

_____ Zip _____

Telephone (H) _____ (W) _____

Number expected to attend _____ Starting Hour _____

Is handicap access required? _____ Yes _____ No

IF YES, help us direct you to the best available facility for you. Please indicate your special needs _____

_____ **SIGNATURE** _____ **IDENTIFICATION** _____

_____ (Check here if "Signature" is not same as "Name of Leader/Responsible Party".) _____ **DATE OF BIRTH** _____

IN APPLYING FOR THIS PERMIT, THE LEADER/RESPONSIBLE PARTY AGREES TO COMPLY WITH ALL PARK RULES AND ORDINANCES AND ARE RESPONSIBLE FOR EXCESSIVE CLEANUP OR DAMAGES.
Form 33 Parks