

APPLICATION FOR GROUP PERMIT AT SCENIC HUDSON PARK OR PROPERTY (Please Print Clearly)

Activity Type: (mark	appropriate)					
School Trip	Scout Troop Activity	Hiking Group	Community Group	Ot	her	
Name of proposed functio	n:		Scenic Hudson park or pro	perty:		
Group leading the event: _		Web site:				
Date of event:	Star	Start time: End time:				
Rain date (if applicable): _		Set up time:	Clean-up/de	eparture time:		
Mailing address:						
Name and title of event lea	ader:					
Contact information:						
Day phone:	Eve phone:	Cell				
phone:	Email	Na	ame and title of event assist	ant:		
				Contact info	ormation:	
• •	Eve phone:	Cell phone:				
	Email:	Is this	a fund-raising event?	If yes, for what	t purpose?	
			_ Is there a fee per person/ve	ehicle for event?	If yes, how	
much? Num	ber of people expected:					
Number of vehicles expec	ted: Is this event bei	ng advertised?				
If yes, how?						
Please describe your plan	ned activities including the trai	ils you and your group pl	an to take, if any:			

SPECIFIC AS POSSIBLE, INDICATING TRAIL NAMES AND PROMINENT FEATURES WHEN POSSIBLE. PLEASE INCLUDE A ROUGH SKETCH OF THE PROPERTY INDICATIING THE LOCATIONS OF YOUR PROPOSED ACTIVITIES. PLEASE BE AS

Email completed application to: aconeski@scenichudson.org

or mail to: