



Suffolk County Department of Parks, Recreation & Conservation
 Mail Application to: P.O. Box 144, West Sayville, NY 11796
 Phone: 631-854-4949
 www.suffolkcountyny.gov/parks



GROUP CAMPING PERMIT APPLICATION

NAME OF GROUP: _____ **Household #** _____

Is this a **Fundraiser?** YES ___ NO ___ *If yes: DO NOT* continue to fill out this permit. A fundraiser application/contract is required in lieu of this form. *Please note:* Fundraiser applications are time-sensitive as they require Legislative approval. (Typically, 90 to 120 days lead time is required.)

PARK REQUESTED: _____

Arrival Date: _____ **Check in: Not before 2:00 P.M.** **Minimum of 3 nights**

Departure Date: _____ **Departure Time: before 12 P.M. Late fees per site apply**

Address _____ Zip Code _____

Applicant Name _____ Primary Phone # _____ Alternate # _____

Address _____

Town _____ State _____ Zip _____

Email _____

Estimated # Attending _____ # Cars/Vans _____ # Buses _____ Camping Clubs: Total # of Families _____

❖ If your group does not meet the minimum number of sites, you will forfeit your deposit

❖ Will there be any Group tents? **YES** ___ **NO** ___ If yes: How many? _____ Size of each _____

Suffolk County Fire Marshall inspection may be required. Contact Permit Dept. at 631-854-4949 for information.

❖ Will there be any vendors? **YES** ___ **NO** ___

List all _____

Names of vendors (amusement/entertainment, etc.) at event must be listed above. Attach separate sheet if necessary.

> Vendor(s) chosen must provide a certificate of insurance naming SUFFOLK COUNTY as an additional insured in the amount of **\$2,000,000** per occurrence Comprehensive General Liability. There will be a \$25/per vendor fee

Incomplete applications will not be processed. Once completed application is submitted to the West Sayville Administration Office, it will be reviewed and processed. You will be contacted for payment and for any additional information that may be needed. You will receive a email once it has been approved and processed.

SPECIAL REQUESTS/COMMENTS: _____

Applicant Signature _____ **Date** _____

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Office Use Only

PARK APPROVED _____ DATE(S) APPROVED _____

AREA ASSIGNED _____

Payment Amount \$ _____ Cash ___ MO ___ Credit ___ Receipt # _____

SPECIAL INSTRUCTIONS _____

PARKS DEPARTMENT APPROVAL _____