

RIVER VALE AMPHITHEATER PERMIT REQUEST APPLICATION

PLEASE PRINT ALL INFORMATION CLEARLY

Name of Organization, Church
or Family Group: _____

Address: _____

Contact Person: _____

Home Phone Number: _____

Business Phone Number: _____

Fax Number: _____

Description of Use: _____

Date(s) Requested: _____

Rain Date(s): _____

Time of Arrival: _____ Time of Departure: _____

Total # of People Attending: _____

Please mail request form to:

**Township of River Vale
406 Rivervale Road
River Vale, NJ 07675
Attn: Joanne/Amphitheater**