



**APPLICATION TO USE**  
**SHANE COLE MEMORIAL PARK**

**Applicant information:**

**Name:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street Town State Zip Code

**Telephone Number:** ( ) \_\_\_\_\_

**Alternative Number:** ( ) \_\_\_\_\_

**Briefly describe the nature of the proposed activity:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Area of Park to be used:** \_\_\_\_\_

**Estimated Number in Attendance:** \_\_\_\_\_