

MARBLETOWN O&W RAIL TRAIL
EVENT USE FORM
845-687-7500 ex. 170

Organization Name _____

___ I have read and understand the Marbletown O&W Rail Trail Guidelines [LINK HERE](#)

___ If my event will be taking place on town roads I plan to notify the Marbletown
Highway department and police agencies.

___ I Will have ample volunteers and if needed, porta potties and water station.

___ I have attached certificate of insurance naming the Town of Marbletown as additional insured.

___ Attached is a map of our planned route.

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

Organization's Website: _____

Title and Date of Event: _____

Location of event: (start point, end point, etc.) _____

Number of people expected: _____

Describe in detail your organization's event: _____

Mail or e-mail completed application to:
Town of Marbletown Recreation Department, PO Box 217, Stone Ridge, NY 12484
youthandrec@marbletown.net