



**Firemen's Association of the State of New York (FASNY)
FASNY Facility Request Form**

(Requests must be submitted 60 days prior to use date)

FASNY strictly prohibits smoking on all FASNY property inclusive of ALL indoor and outdoor areas.

Date of Request: _____

ORGANIZATION NAME: _____

ADDRESS: _____

Contact Name: _____

Phone Number: Home: _____
Work: _____
Cell: _____
Email: _____

Description of Activity: _____

Description of What FASNY Buildings/Facilities/Grounds is being requested for use: _____

Date of Event: _____ Time of Facility use From: _____ am/pm To: _____ am/pm

FASNY Staff Required: Yes/No

If Yes: Dietary Department Yes/No (services may be billed to user)
Maintenance Department Yes/No
Activities Department Yes/No

Will there be sales of food, beverages, merchandise, etc.? Yes/No
If Yes: Please describe: _____

Does your organization have insurance? Yes/No
(If yes, see insurance requirements for required certificate)

Organization Representative: _____
Signature Date

Print Name

Signature of FASNY Reviewer: _____
Signature Date