

APPLICATION FOR BEACH FUNCTIONS

**Lattingtown Beach
Village of Lattingtown
P.O. Box 488
Locust Valley, NY 11560
516-676-6920
fax: 676-8220**

Member's name _____, Today's Date: _____

Organization _____

Address _____

Telephone: _____

Fax: _____

Date of Function _____, Time of Function _____

Number of people _____: Adults _____ Children _____

Swimming? Yes _____ No _____

_____ Insurance (If party is for an organization)

You must give the beach manager at least 24 hours notice prior to your function.