



**RIVER VALE AMPHITHEATER  
PERMIT REQUEST APPLICATION**

Mail or return to: Township of River Vale, 406 Rivervale Road, River Vale NJ 07675  
Attention: Gail McIntyre or fax: 201-358-7754 or email: gmcintyre@rivervalenj.org  
Call:201-664-2346 X1006 with any questions

*Print all information clearly*

Name of Organization/Church/Family Group: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Check One: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description Of Use:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Rain Date(s): \_\_\_\_\_

Time: From \_\_\_\_\_ To: \_\_\_\_\_

Total # of people attending: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_