

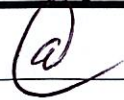



Town of Babylon
 Parks & Recreation Department
 151 Phelps Lane
 North Babylon, NY 11703
 893-2100

Permit No. V4

TOWN OF BABYLON ATHLETIC FIELD PERMIT

LEAGUE OR TEAM	LINDENHURST SOCCER
	Name of League or Team
	PO BOX 611
	Number Street
	LINDENHURST 11757
	Town Zip Code
LEAGUE PRESIDENT OR TEAM MANAGER	Name of President or Manager: BRIAN BELPANNO
	209 33RD STREET
	Number Street
	LINDENHURST 11757
	Town Zip Code
	Home Phone: _____
	Business Phone: 585-576-7471
	Email Address: BELPANNO@GMAIL.COM
TYPE OF PERMIT	Activity: SOCCER Location: VENETIAN
	Duration 4/1/25-6/30/25 Field No: G3
	NOTE: Mon. 5:30P to 10P
	Tues. _____ to _____
	Wed. 5:30P to 10P
	Thurs. 7:30P to 10:30P
	Fri. 8P to 10:30P
	Sat. 12P to 10P
	Sun. 4P to 10P
MAINTENANCE REQUIREMENTS	Lining of Field: _____
	OTHER Requirements: _____
	PERMIT MUST BE ON HAND DURING ALL PERMITTED DAYS/TIMES!

Authorizing Signature  Commissioner  Date 2/21/25

General Information:
 It is the policy of this Department to grant as many permits as possible to organizations seeking a facility within the Town. Due to the limited number of facilities, especially lighted facilities, plus the increasing number of athletic organizations requesting permits, the Town of Babylon Parks & Recreation Department cannot guarantee any organization the facility or complete schedule they seek. We hope you will understand our problem and adhere to our decision on requests.
 The holder of a permit will be held responsible for careful and prudent use of the area, and for all damage to person or property resulting from the activity allowed by a permit.



Town of Babylon
Parks & Recreation Department
151 Phelps Lane
North Babylon, NY 11703
893-2100

Permit No. **V5**

TOWN OF BABYLON ATHLETIC FIELD PERMIT

LEAGUE OR TEAM	LINDENHURST SOCCER		
	Name of League or Team		
	PO BOX 611		
	Number	Street	
	LINDENHURST	11757	
	Town	Zip Code	
LEAGUE PRESIDENT OR TEAM MANAGER	Name of President or Manager: BRIAN BELPANNO		
	209	33RD STREET	
	Number	Street	
		LINDENHURST	11757
	Town	Zip Code	
	Home Phone: _____		
	Business Phone: 585-576-7471		
	Email Address: BELPANNO@GMAIL.COM		
TYPE OF PERMIT	Activity:	SOCCER	Location: VENETIAN
	Duration	4/1/25-6/30/25	Field No: G4
	NOTE:	Mon.	6P to 10P
		Tues.	to _____
		Wed.	5P to 10P
		Thurs.	5P to 10:30P
		Fri.	5P to 10:30P
		Sat.	12P to 10P
	Sun.	4P to 10P	
MAINTENANCE REQUIREMENTS	Lining of Field: _____		
	OTHER Requirements: _____		
	PERMIT MUST BE ON HAND DURING ALL PERMITTED DAYS/TIMES!		

Authorizing Signature Commissioner Date **2/21/25**

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