



PERMIT # _____

TICKET # _____

PALISADES INTERSTATE PARK COMMISSION 2015 BUS PERMIT APPLICATION

PLEASE TYPE OR PRINT and FILL OUT COMPLETELY (may be rejected if not complete)**

A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION AND EACH DATE. THIS MAY BE DUPLICATED.

=====LOCATION OF OUTING=====

_____ Anthony Wayne Oktoberfest

Bus Fees - \$100.00/per bus

DATE OF OUTING _____ (only one date per application)

Arriving @ _____ AM/PM (no earlier than 9 AM)

Leaving @ _____ AM/PM (no later than 6 PM)

of Buses _____

of Adults (min. age of 18) _____

of Children _____

Name of Bus Company _____ Phone # (_____) _____

NAME OF ORGANIZATION _____

Mailing Address _____

City _____ State _____ Zip _____

Organization Phone # (_____) _____ ext. _____

PERSON-IN-CHARGE _____ Phone # (_____) _____

Work # (_____) _____ ext. _____ Fax # (_____) _____

I certify that I have read, understand and will comply with the enclosed information, conditions and requirements. Park rules and regulations prohibit the bringing of alcoholic beverages into state parks.

Authorized Signature _____ Date _____

NOTE: Buses must travel in the right hand lane of the Palisades Interstate Parkway. The Permit must be displayed on the right side of the windshield. The bus ticket must remain attached to the permit until the bus leaves all state lands. Park rules and regulations prohibit the bringing of alcoholic beverages into state parks.

Mail completed application, required information and fees to:

NYS OPRHP/P.I.P.C
C/O Bus Permits
3006 Seven Lakes Drive
PO Box 427
Bear Mountain, NY 10911-0427

OFFICE USE ONLY:

Date Rec'd _____ On Calendar _____ Amt Rec'd _____

Ck # _____ MO # _____ CC _____ Cash _____

NYS Parks and Recreation
P.I.P.C
C/O Bus Permits
3006 Seven Lakes Drive
PO Box 427
Bear Mountain, NY 10911-0427
Tel: 845-786-2701 Ext. 244
Fax: 845-947-3654



Credit Card Payment Form

Please check one:

_____ Bus Permit
_____ Empire Passport

Name of Organization: _____

Cardholder's Name (as it appears on card): _____

*Must be the same as applicant.

Billing Address: _____

*As it appears on credit card

Daytime Telephone Number: (____) _____ ext. _____

Choice of Card

Mastercard _____ - _____ - _____ - _____

Visa _____ - _____ - _____ - _____

Discover _____ - _____ - _____ - _____

American Express _____ - _____ - _____

Credit Card Expiration Date: _____

CVC Code: _____

Amount to be paid \$ _____

Cardholder's Signature

_____ Date _____

Please return this completed form along with the application

OFFICE USE ONLY:

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