



Non-Profit / Community Access Application & Permit

Poughkeepsie Galleria looks forward to hosting your organization. To best address your request, streamline the approval and on-site process, and ensure the safety of our guests, tenants and employees, please **submit this application no less than 3 weeks prior to the date(s) desired.**

Applications will be reviewed in the order received and approved applications will be calendarized based on availability.



Looking to drive more traffic to your event? Advertise your event in our digital directories!

PLEASE TYPE OR PRINT

If necessary, attach additional sheets and so indicate in the appropriate place on the application form.

NAME OF ORGANIZATION: CUB SCOUT PACK 3223

ADDRESS OF ORGANIZATION: 7 SPACKENKILL ROAD, Poughkeepsie, NY 12603

EMAIL: PACK3223TREASURER@GMAIL.COM ; HARRIS5713@GMAIL.COM

PHONE: (845) 416-5822

INTENDED USE: FIRST AID KIT SALES, PACK FUNDRAISER

DATE(S) REQUESTED: 12/9/23 - 12/10/23

TIME OF EVENT: OPEN - CLOSE

GROUP LEADER OR PERSON RESPONSIBLE: SHAWN HARRISON

EMPLOYER: NEW YORK POWER AUTHORITY

BUSINESS PHONE: (914) 343-6923

MOBILE PHONE: (845) 416-5822

Number of Tables Needed: 1
 Number of Chairs Needed: 2-3
 Any Additional Supplies:

COMMUNITY ACCESS APPLICATION & PERMIT
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Day of Event

Upon arrival, the Applicant must **CHECK IN** at the security office near food court to announce the group's arrival. The space used by the Applicant must be restored to working order. Before leaving the property, **CHECK OUT** at the security office. Security will inspect the Community Room before group leaves.

Applicant (name Organization): PAK 3223

Date(s) & Time(s) of Use: 12/9/23 - 12/10/23 OPEN-CLOSE

Area Assigned: _____

Approved by: _____ Date: _____

Security Check In (Print SO Name): _____

Attendee (Print Name): _____

Security Check Out (Print SO Name)
& return form to mall management: _____

