



# Department of Parks & Recreation

*Town of Narragansett, Rhode Island*  
170 Clarke Road, Narragansett, RI 02882  
Phone (401) 782-0658 Fax (401) 788-2553

## Cabana Application for the Narragansett Town Beach

Please Print and fill in all the required information

Cabana Unit # \_\_\_\_\_

### Principal Lessee #1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Narragansett Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Principal Lessee #2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Narragansett Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Guest #1** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Lessee \_\_\_\_\_

**Guest #2** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Lessee \_\_\_\_\_

**Guest #3 or**

**Transferable Pass** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Lessee \_\_\_\_\_

**Guest #4 or**

**Transferable Pass** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Lessee \_\_\_\_\_

I have read the policy available online at [NarragansettRI.gov](http://NarragansettRI.gov) and understand my payment is non-refundable.

Please initial \_\_\_\_\_. Please turn over form and complete waiver.