Town of Clinton – Pavilion Use Application
On Line Version – Printable
Mail completed form (*and all required paperwork)* **to**:
Daniel Harkenrider, Recreation Director
12 Friends View
Clinton Corners, NY 12514

Instructions:

- Fill in the **date** for which you are applying
- Pavilion Rental time is **8 AM to 7 PM** on requested date
- It is very important that all information is given for the contact person or the application will be void
- Fees: **Resident $125.00** **Non-resident $175.00** **Organization $275.00**

Date Requested for Pavilion Use: _____

Name of Contact Person: _____

Contact Person Address: _____

Contact Person Phone: _____

Contact Person Email: _____

Insurance Provider: _____
(*A Certificate of Insurance must be provided. Please contact your Homeowners' Insurance Agent and request a Rider on your policy to cover the pavilion rental and your guests*).

Group Size (*number of people you intend on having in the pavilion*): _____

Type of Activity (*birthday party, anniversary party, etc.*): _____

Will Food Be served? (Yes / No): _____

Special Requests: _____
_____

General Information:

- No one will be allowed to rent the pavilion without
  - the Application,
  - a copy of the insurance certificate,
  - a separate deposit check in the amount of $100.00 (**Refundable if kitchen & pavilion are clean at the end of the event**), and
  - the rental fee (checks made payable to: "***Town of Clinton***") returned to the Recreation Director at least four weeks prior to the function
- **Recreation Director should (*Please check choice*):** ☐ **Return deposit check** ☐ **Shred deposit check**
- Call the Recreation Director (845-266-3445) 2-3 days before the day of the function to get directions for getting the kitchen opened
- For further information contact:
  Dan Harkenrider 266-3445 or email: Dan@TownofClinton.com

For Office Use only:
Rental check # _____, Deposit check # _____, Ins. cert. rec'd _____