

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 **8AM 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: \$130 Non-resident: \$200 Organization: \$300

Date Requested for Pavilion Use: _____
Name of Contact Person: _____
Contact Person Address: _____
Contact Person Phone: _____
Contact Person Email: _____
Insurance Provider: _____ <i>(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.)</i>
Group Size (number of people you intend on having in the pavilion): _____
Type of Activity (birthday party, anniversary party, etc.): _____
Will be food 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 _____
