

Town of Clinton - Pavilion Use Application Form

Print and Mail the completed form (and all required paperwork) to:

Daniel Harkenrider, Recreation Dir. 12 Friends View Clinton Corners, NY 12514

- It is very important that all information is given for the contact person or the application will be void

Fees: Resident \$200.00, Non-resident \$300.00, Organization \$375.00, Commercial Rental: \$700.00

Pavilion Rental Date Requested _____ (see Rec calendar on website for available dates)

- *Pavilion Rental time is **8 AM to 7 PM** on the requested date

Name of Contact Person: _____

Contact Person Address: _____

Contact Person Email: _____

Contact Person Phone #: _____

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, Graduation Party, etc): _____

Will food be served? (Yes / No): _____

Special Requests: _____

General Information: •

- No one will be allowed to rent the pavilion without:
 - Completed Application Form
 - Copy of the insurance certificate
 - A **separate** deposit check for \$100.00 (*Refundable if the kitchen & pavilion are clean at the end of the event*)
 - Rental fee (checks made payable to **Town of Clinton**)
 - The Recreation Director MUST receive the application and payment within **14 DAYS** of the initial request to hold the desired date.
- Recreation Dept should (**Please check choice**):
 - ☐ **Return deposit check**
 - ☐ **Shred deposit check**
- Call the Recreation Director (914-489-0962) 2-3 days before the day of the function to get directions for getting the kitchen opened
- For further information contact: Dan Harkenrider at 914-489-0962 or email: Dan@townofclinton.com

-For office use only:

Rental Check # _____

Deposit Check # _____

Insurance Rec'd _____