



Town of Pawling
 Recreation Department
 2 Lakeside Drive
 Pawling, NY 12564
 845-855-1131
 recreation@pawling.org

FACILITY APPLICATION

**Use of Town Facilities by
 Individuals & Organizations**

Appropriate insurance is always required.

The person listed below assumes all responsibility for activity during facility use on town property.

Full Name _____
 Organization _____
(if applicable)
 Street Address _____
 City, State, Zip _____
 Phone Number _____
 E-Mail Address _____

**PLEASE CHECK YOUR FACILITY REQUEST(S)
 & THEN SUBMIT PAYMENT.**

	CHECK HERE:	Resident	Non-Res
Entire Lathrop Building		\$750/day	\$1,000/day
JC Penney/Rotary Room		\$200/day \$30/hr	\$300/day \$30/hr
Johnson Room		\$100/day; \$25/hr	\$150/day; \$25/hr
Auditorium/Lobby/Lounge		\$350/day	\$700/day
Great Lawn Fields		\$60/hr \$250/day; \$1,000/wk	\$80/hr \$300/day; \$1,200/wk
Lakeside Pavilion <i>*does not include swimming passes</i>		\$200/day	\$450/day
Teen Center		\$350/day	\$450/day
Murrow Lower Pavilion		\$75/day	\$200/day
Murrow Upper Pavilion		\$175/day	\$450/day
Holmes-Whaley Lake Civic Center (Upstairs)		\$200/day	\$380/day

**RESERVATIONS ARE NOT FINAL UNTIL:
 ___ PAYMENT ___ APPLICATION ___ INSURANCE
 ARE ALL RECEIVED IN THE RECREATION OFFICE**

**PLEASE ANSWER THE FOLLOWING TO
 COMPLETE YOUR APPLICATION:**

Date of Requested Use: _____
 Times of Requested Use: _____ - _____

Purpose of Use: _____

Town of Pawling Resident: ___ YES ___ NO

Number of Participants Expected:

___ Resident Adults ___ Resident Children
 ___ Non-Res Adults ___ Non-Res Children

Will there be an independent contractor on site during facility use? ___ YES ___ NO

If yes, please provide name: _____
Service provided: _____

Will there be swimming? ___ YES ___ NO

Will alcohol be served? ___ YES ___ NO

Will alcohol be sold? ___ YES ___ NO

Admission charged? ___ YES ___ NO

If yes, how are the proceeds to be used?

Are there any other materials / equipment / special arrangements needed? _____

Total Amount Due: _____
 + Security Deposit: **\$100 (separate check)**

We hold this security check until rental is finished and then we mail back to address on file.

MAKE CHECKS PAYABLE TO "TOWN OF PAWLING"

THIS SECTION BELOW IS FOR STAFF USE ONLY:

Facility Amount PAID: _____ Cash/Check # ___/CC
 Date Paid: _____ Staff Initials: _____
 Security Check Received: _____ Date Returned: _____



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INDIVIDUAL Insurance Requirements:

The Individual shall provide a **copy of their Homeowner's or Apartment/Renter's Policy Declaration Page** – minimum liability limit of \$500,000. Policy shall not exclude the off-premises activities of the insured.

1. **Hold Harmless**

The undersigned individual requesting use of the Town of Pawling's facilities, guarantees observance of all regulations governing the use of facilities of the Town of Pawling, payment of any charge incurred, and states that the individual agrees to indemnify and save harmless the Town of Pawling, all of the Town's elected and appointed officers, employees, volunteers, and/or agents against any and all claims for damages or injury to persons or property that may be occasioned by, or arise from, the use of such facilities to the fullest extent possible pursuant to the laws of New York State.

THE PAWLING TOWN BOARD RESERVES THE RIGHT TO REQUIRE ALTERNATIVE LIABILITY LIMITS WHEN APPLICABLE.

Name of Individual: _____

Signature: _____

Date: _____

Address: _____

