

# LAW PARK PAVILION - USE APPLICATION

DATE(S) REQUESTED: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_ \*\*

**\*\* NOTE: Time of use must include any set-up time required as well as adequate time for post-event clean-up.**

NAME of INDIVIDUAL, GROUP or ORGANIZATION REQUESTING USE: \_\_\_\_\_

NAME of PERSON of RESPONSIBILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT INFORMATION: (Home Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work Phone) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_  
*(Fireplace use, special equipment, etc.)*

WILL FOOD BE SERVED? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, BY WHOM? \_\_\_\_\_

EXPECTED ATTENDANCE: ADULTS \_\_\_\_\_ MINORS \_\_\_\_\_ TOTAL: \_\_\_\_\_

HOW MANY NON-RESIDENTS? ADULTS \_\_\_\_\_ MINORS \_\_\_\_\_

WILL THERE BE A FEE CHARGED TO ATTENDEES? NO \_\_\_\_\_ YES \_\_\_\_\_ *If YES, what is the intended use of the proceeds?* \_\_\_\_\_

WILL ALCOHOL BE SERVED? NO \_\_\_\_\_ YES \_\_\_\_\_ ***If YES, complete separate alcohol permit application.***

*The undersigned is over 21 years of age, and in consideration for permission to use the Law Park Pavilion agrees to abide by the fee structure and rules printed on the back of this form. The applicant agrees to be responsible to the municipality for the use and care of the facilities. He/she does hereby covenant and agrees to defend, indemnify and hold harmless the Village of Briarcliff Manor, its employees, and all related officials from and against any and all liability, loss, damages, claims, or actions (including costs & attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Law Park Pavilion.*

DATE \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant / Person of Responsibility)

METHOD OF PAYMENT:  CASH  CHECK # \_\_\_\_\_  MasterCard / VISA \*\*  
*Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). \*\* Complete Credit Card information below (shredded after processing)\*\**

**\*\*\* In order to receive a date commitment, the appropriate fees must accompany the application. \*\*\***

**OFFICE USE ONLY BELOW THIS LINE – TO BE COMPLETED BY THE SUPERINTENDENT OF RECREATION or AUTHORIZED DESIGNEE**

REQUESTED USE IS: APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ DATE \_\_\_\_\_

FEES CHARGED: \_\_\_\_\_

COMMENTS / NOTES: \_\_\_\_\_

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Insurance: YES NO \_\_\_\_\_  
\_\_\_\_\_  
*Superintendent of Recreation or Designee*

\*\*\*\*\*

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

