

RECREATION CENTER - 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: _____

(Kitchen 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 Briarcliff Recreation Center 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 Briarcliff Recreation Center.

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: _____

