Town of DeWitt Parks and Recreation Department 5400 Butternut Drive, East Syracuse, NY 13057 (315) 446-9250 x 9 townofdewitt.recdesk.com

Cedar Bay Pavilion Rental Form Cedar Bay Road, Fayetteville, NY 50 People Electricity, Large Grill Included						
Rental Date	Tim	ne □ All Day Dawn to D	usk			
Number Attending Purpose of Request						
Contact Person (on-site during use)						
Date of Birth(Must be 21	Cel or older)	I	Home			
Contact Address	Chrost	City	Zip			
		Спу	·			
Organization (if applica	ible)	F	Phone			

Rental Rates

<u>Fee</u> is due at time of reservation. Cash, Check or Credit Card. A service fee of 3.09% will be applied to all credit card transactions.

Rental Time	Resident Rate	Non-Resident Rate
All Day	\$100	\$120

TERMS OF USE - CEDAR BAY PAVILION

- 1. Facility must be left in order and clean or security deposit may be retained.
- 2. A carry in carry out policy is in effect for trash in all facilities.
- 3. The person listed on this form and signing as representing above named group is legally responsible for any and all actions of group members while they are in a Town of DeWitt facility. This person will be held financially responsible for any and all damages to park property caused by a member of his/her group. This person is responsible for his or her group's adherence to all state and county laws pertaining to alcohol use.

- 4. This permit is for the period shown and is subject to all the rules and regulations of the Town of DeWitt. The Town will not guarantee accommodations for more than the numbers indicated.
- 5. A \$20 fee will be assessed for any returned checks.
- 6. Full refund minus \$25 administrative fee for all rentals cancelled more than 4 weeks in advance. No refund if cancelled less than 4 weeks before rental or for inclement weather.
- 7. Certificate of insurance may be required.
- 8. No advertising of event without permission from Town of DeWitt.
- 9. The selling of any items is prohibited without a permit from the Town of DeWitt. No admission fee may be imposed without prior written permission of the Town of DeWitt.
- 10. The Town reserves the right to void the permit should facilities become unavailable for any reason.
- 11. Compliance with all applicable laws, guidelines and regulations of the State of New York, the Town of DeWitt, and Onondaga County Health Department is a requirement of permit holder.
- 12. The undersigned herby acknowledges that he/she has read, understands and agrees to comply with the above terms and conditions. The undersigned further verifies that he/she is 21 years of age or older and assumes all responsibility for the action of the above group.

I.	, hereby request reservation of the To	wn of DeWitt facility
named above, for the daterms of use. I further agree	ate(s), times and purpose shown. I certify that I und ee to hold harmless the Town of DeWitt, its officers r property damage in any way arising from use of t	erstand and agree to the and employees, in any
Permit Holder's Signature (signature must be same as name of reservation form)		Date
	For Office Use Only	
Notes		
Total Paid	Date	