

FRONT Pavilion, Maxwell Park Rental Form

6560 Badgley Road, East Syracuse, NY

50 People, Small Grills, Electricity Included

Rental Date _____

Time ☐ All Day 9AM – 10PM

Number Attending _____ Purpose of Request _____
(Max 50)

Contact Person (on-site during use) _____

Date of Birth _____ Cell _____ Home _____
(Must be 21 or over)

Contact Address _____
Street City Zip

APT # (if applicable) _____ Email _____

Organization (if applicable) _____ Phone _____

Rental Rates

Fee 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	\$125	\$150

TERMS OF USE

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 hereby 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 Town of DeWitt facility named above, for the date(s), times and purpose shown. I certify that I understand and agree to the terms of use. I further agree to hold harmless the Town of DeWitt, its officers, and employees in any claim of personal injury or property damage in any way arising from use of this facility.

Permit Holder's Signature (signature must be same as name of reservation form)

Date

For Office Use Only

Notes _____

Total Paid _____ Date _____