

DeWitt Community Room Rental Form

148 Sanders Creek Parkway, East Syracuse, NY

Maximum Capacity: 100 people

Rental Date _____ **Time:** ☐ 9AM – 10PM OR ☐ **Time:** _____ to _____ **5 Hour Minimum**

Number Attending _____ **Purpose of Request** _____

Contact Person (on-site during use) _____

Cell _____ **Home** _____ **Work** _____

Contact Address _____
Street City Zip

Email _____

Organization (if applicable) _____ **Phone** _____

Return Deposit to ☐ Contact Person ☐ Other (list information below)

Name _____ **Phone** _____

Address _____
Street City Zip

Fee: Full Day \$475 OR \$50/hour with a **5 hour minimum**
Security Deposit: \$250

TERMS OF USE

1. **Facility must be left in order and clean or security deposit may be retained.**
2. Tables/chairs must be returned to the proper configuration as shown on provided diagram.
3. The use of staples, tacks, push pins, or tape on the walls, ceiling, or furniture is prohibited and may result in loss of security deposit.
4. The use of glitter or confetti is prohibited and may result in loss of security deposit.
5. Trash must be removed and placed in the dumpster at the corner of the parking lot. A new trash bag must be left in garbage can. Recyclables should be placed in the blue bin, and the bin placed at the curb.
6. Alcohol is NOT permitted on the premises. Alcohol consumption will result in loss of security deposit.
7. Rental time (9am – 10pm) includes set up and clean up. Additional hours are not permitted without prior authorization and may result in loss of security deposit.

****PLEASE SIGN ON THE BACK PAGE****

8. Applicant must pick up a key/fob at the Recreation Office 1-2 business days prior to rental between the hours of 8:00am and 4:00pm. Failure to pick up key/fob may result in loss of security deposit.
9. The person listed on this form and signing as representing the 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 damage to the property caused by a member of his/her group. This person is responsible for his/her group's adherence to all permit regulations and is responsible for ensuring that the facility is thoroughly cleaned and left in the proper condition.
10. 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.
11. A \$20 fee will be assessed for any returned checks.
12. 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.**
13. Bounce houses/other inflatables are not permitted inside the Community Room.
14. Certificate of insurance may be required.
15. No advertising of event without permission from Town of DeWitt.
16. 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 from the Town of DeWitt.
17. The Town reserves the right to void the permit should facility become unavailable for any reason.
18. Compliance with all applicable laws and regulations of the State of New York, the Town of DeWitt, and Onondaga County Health Department is a requirement of the permit holder.
19. Security deposit will be returned by mail after the facility has been inspected, found in order, and the key/fob has been returned.
20. The undersigned hereby acknowledges that he/she has read, understands, and agrees to comply with the above terms and conditions. The failure to abide by these terms will result in the retention of the security deposit. 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.

Please Note: Premises are video monitored.

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.

X _____
Permit Holder's Signature (must be same as name of reservation form) Date

For Office Use Only

Notes _____

Total Paid _____ Date _____

Key/Fob # _____ Date Issued _____ Date Returned _____

Room Amenities:

- **Size:** 2000sq/ft
- **Capacity:** 100 People
- **Tables:** 6 4x4ft 12 6ft
- **Chairs:** 90
- **Internet:** WiFi Available
- **Cleaning:** Dumpster, recycling bins, broom/dustpan

Kitchen Amenities:

- Refrigerator/Freezer
- Oven/Stove-top
- Coffee Maker, Microwave
- Serving Carts

