	Calatan Darilian Da	J. D. J. D)4-1 F		
	Galster Pavilion, Ry				
	5400 Butternut Dri				
	80-100 People Ele	ectricity, Large G	rill Included		
Rental Date	Time 🗆	Dawn–2:00pm	☐ 3:00pm–Dark	☐ All Day	
Number Attending _	Purpose of Requ	uest			
Contact Person (on-s	site during use)			_	
Date of Birth	Cell				
(Must	be 21 or over)				
Contact Address					
	Street	City	Zip		
Email					
Organization (if appl	icable)		Phone		
Return Deposit to	☐ Contact Person Listed Above	OR \square Pe	erson/Organization Lis	sted Below	
Name		Pho:	ne		
Address					

Rental Rates

Street

City

Zip

Fee and **Security Deposit** due at time of reservation. Cash, Check or Credit Card. A service fee will be applied to all credit card transactions.

Rental Time	Resident Rate	Non-Resident Rate	Security Deposit
Half Day	\$100	\$125	\$100
All Day	\$150	\$175	\$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. Cancellations made at least thirty (30) days before the reservation date will receive a full refund. Refunds are not guaranteed for cancellations made less than thirty (30) days before the reservation date.
- 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 and regulations of the State of New York, the Town of DeWitt, and Onondaga County Health Department is a requirement of permit holder.
- 12. Security deposit will be returned by mail after the facility has been inspected and found in order.
- 13. 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 Town of DeWitt facility named				
Print N	ame	·			
above, for the date(s), time	s and purpose shown. I certify that I understand and agree to the	he terms of use. I			
further agree to hold harml	ess the Town of DeWitt, its officers and employees, in any cla	im 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				