

**Town of Prattsville, New York
Building/Facility/Park Use Form**

PLEASE PRINT OR TYPE
APPLICATION MUST BE MADE THIRTY DAYS PRIOR TO EVENT

Date Requested: _____ Time Requested: _____ am/pm - _____ am/pm

Below is a list of areas available to reserve. Please check which area you would like.

NAME	CHECK DESIRED
Conine Field Pavilion	
Town Green	
Sewer Treatment Plant Field	

***A \$50 refundable deposit is required and will be refunded upon verification that the property has been cleaned and left as it was found. Carry in - Carry out.**

****NO ALCOHOLIC BEVERAGES ARE ALLOWED ON TOWN PROPERTY**

Name of Group/Individual: _____

Name of Contact/Person Assuming Responsibility: _____

Email: _____

Address: _____

Phone: _____ Cell Phone: _____

What activities will be taking place? _____

Est. Number in Group: _____ Profit Status (check one) Not for Profit ___ Profit ___

Will admission be charged? _____ If yes, what is the cost of admission? _____

THE TOWN OF PRATTSVILLE RESERVES THE RIGHT TO CONDUCT A COMPLETE SAFETY INSPECTION OF THE PREMISES, WHILE IN USE BY YOUR GROUP.

INSURANCE: If it is determined that a certificate of Insurance is required for your event, you will be required to provide the town with proof of insurance, with the Town named as an **ADDITIONAL INSURED**, at limits determined by the Town. If it is determined that a certificate of Insurance is not feasible, the Town reserves the right to deny use of the requested facilities. Further, a hold harmless agreement must be signed, between the Town and the Organization, before permission for the use can be granted.

It is hereby agreed that the above organization or individual will be fully responsible for the compliance with Town law, NY State law, and Federal law, with regard to its use of Town facilities.

Please attach proof of insurance, if needed, and the signed hold harmless agreement with this application.

Signature of Responsible Officer/Individual

Date

INTERNAL USE ONLY

DATE APPLICATION RECEIVED: _____	SENT FOR INSURANCE REVIEW: _____
PROOF OF INSURANCE RECEIVED: _____	HOLD HARMLESS RECEIVED: _____
APPLICATION BOARD APPROVED: _____	
CONFIRMATION: __phone __email __in person by _____ on _____	