**-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**

DATE APPLICATION RECEIVED: SENT FOR INSURANCE REVIEW:

PROOF OF INSURANCE RECEIVED: HOLD HARMLESS RECEIVED:

APPLICATION BOARD APPROVED:

CONFIRMATION: phone email in person by on

**INTERNAL USE ONLY**