

TARRYTOWN RECREATION DEPARTMENT  
P.O. BOX 292  
Tarrytown, NY 10591  
914-631-8389/8347  
West Main Street

PARK/BLDG. FACILITY REQUEST FORM

Name of Organization: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Organization: Youth\_\_\_ Adult\_\_\_ School\_\_\_ Other\_\_\_

WE REQUEST THE USE OF THE FOLLOWING FACILITY:

Emil Galassi Pavilion\_\_\_ Losee 1\_\_\_ Losee 2\_\_\_ WI-upper\_\_\_  
Franklin St. \_\_\_ Gazebo\_\_\_ Pennybridge\_\_\_ Senior Center (Bldg)\_\_\_

FEE: \$ \_\_\_\_\_ (A \$50.00 **Non-refundable deposit** is due no later than **5 days** after a date is requested to confirm your reservation)

BALANCE: \$ \_\_\_\_\_ (The balance of the fee is due no later than **7 days prior** to your event)

INSURANCE (on file): Circle YES NO

EQUIPMENT NEEDED (if any) \_\_\_\_\_

FOR WHAT PURPOSE: \_\_\_\_\_

DATE(S) OF USE: \_\_\_\_\_

TIME: From \_\_\_\_\_ to \_\_\_\_\_

**WAIVER OF LIABILITY**

I HEREBY AGREE TO HOLD HARMLESS THE VILLAGE OF TARRYTOWN, THE BOARD OF TRUSTEES THEREOF, THE AGENTS, EMPLOYEES AND VOLUNTEERS FROM ANY CLAIM WHATSOEVER, FOR PROPERTY DAMAGE OR PERSONAL INJURY THAT I OR ANYONE ELSE MAY SUSTAIN AS A RESULT OF PARTICIPATION AT A RECREATION EVENT IN THE VILLAGE OF TARRYTOWN.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

*PLEASE RETURN TO THE TARRYTOWN REC DEPT. AS SOON AS POSSIBLE.*

.....  
Your request for the above facility is \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Joe Arduino – Recreation Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Deposit Paid: _____	Date Paid: _____
Balance Paid: _____	Date Paid: _____