

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

THE EMIL GALASSI PAVILION AT PIERSON PARK PICNIC RESERVATION REQUEST FORM - 2017

Name of Organization: _____

Name of Authorized Representative: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

Type of Organization: Youth _____ Adult _____ School _____ Corporate _____ Other _____

FEE: Tarrytown Resident - \$250.00 Non-Resident - \$500.00

A \$50.00 non-refundable deposit is due no later than **5 days** after a date is requested to confirm your reservation. The balance is due no later than **7 days prior** to your event.

PURPOSE OF EVENT: _____

APPROXIMATE NUMBER OF PEOPLE ATTENDING: _____

DATE OF USE: _____ TIME: From _____ to _____

PLEASE NOTE: ALL picnics must be concluded and cleaned up by 7:00pm.

INSURANCE ON FILE (i.e. inflatable air rides): Yes _____ No _____

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. I HAVE READ AND AGREE TO THE GUIDELINES FOR USE.

DATE: _____ SIGNATURE: _____

PLEASE RETURN TO THE TARRYTOWN RECREATION DEPARTMENT AS SOON AS POSSIBLE.

Your request for the above is: APPROVED _____ DENIED _____

Joe Arduino-Recreation Supervisor _____ Date _____

OFFICE USE ONLY: Deposit Paid _____ Date _____

Balance Due _____ Date Paid _____