

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.

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Your request for the above facility is _____ APPROVED _____ DENIED

Joe Arduino – Recreation Supervisor: _____ Date: _____

OFFICE USE ONLY: Deposit Paid: _____	Date Paid: _____
Balance Paid: _____	Date Paid: _____