

# VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT

3 Library Road, Briarcliff Manor, NY 10510

Phone: (914)-941-6560 ~ [www.briarcliffmanor.gov](http://www.briarcliffmanor.gov)

## VILLAGE OF BRIARCLIFF MANOR FACILITY USAGE APPLICATION AND PERMIT

All usage of any Village of Briarcliff Manor Facility is only available to Village Residents

**FACILITY REQUESTED:** LAW PARK PAVILION

W. VESCIQ COMMUNITY CENTER

YOUTH CENTER

**DATE(S) REQUESTED:** \_\_\_\_\_

**ARRIVAL TIME:** \_\_\_\_\_ **DEPARTURE TIME:** \_\_\_\_\_ **TOTAL HOURS:** \_\_\_\_\_ \*\*

\*\* NOTE: Time of use must include any set-up time required as well as adequate time for post-event clean-up.

**NAME of INDIVIDUAL, GROUP or ORGANIZATION REQUESTING USE:** \_\_\_\_\_

**NAME of PERSON of RESPONSIBILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT INFORMATION:** (Home Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_

**(E-Mail)** \_\_\_\_\_ **PROPOSED USE:** \_\_\_\_\_

**SPECIAL REQUESTS:** \_\_\_\_\_  
(Kitchen use, picnic tables, tables, chairs, use of pavilion fireplace, special equipment, etc.)

**WILL FOOD BE SERVED?** NO \_\_\_\_\_ YES \_\_\_\_\_ **IF YES, BY WHOM?** \_\_\_\_\_

**EXPECTED ATTENDANCE: ADULTS** \_\_\_\_\_ **MINORS** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

**HOW MANY NON-RESIDENTS? ADULTS** \_\_\_\_\_ **MINORS** \_\_\_\_\_

**HOW MANY PARKING SPOTS DO YOU ANTICIPATE NEEDING?** \_\_\_\_\_

**WILL THERE BE A FEE CHARGED TO ATTENDEES?** NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, what is the intended use of the proceeds?  
\_\_\_\_\_

**WILL ALCOHOL BE SERVED?** NO \_\_\_\_\_ YES \_\_\_\_\_ If YES, complete separate alcohol permit application.

The undersigned is over 21 years of age, and in consideration for permission to use the requested Village facility agrees to abide by the Village's Group Use Policy, as well as the fee structure and rules printed on the back of this form. The applicant agrees to be responsible to the municipality for the use and care of the facility & its equipment. He/she does hereby covenant and agrees to defend, indemnify and hold harmless the Village of Briarcliff Manor, its employees, and all related officials from and against any and all liability, loss, damages, claims, or actions (including costs & attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Community Center.

**DATE:** \_\_\_\_\_ **Signature of Applicant/Person of Responsibility:** \_\_\_\_\_

**TOTAL COST OF THE EVENT:** (refer to tables on Usage Guidelines)**Security Deposit:** \$ \_\_\_\_\_**Rental Fee:** \$ \_\_\_\_\_**Supervisor Fee:** \$ \_\_\_\_\_**Alcohol Fee (if applicable)** \$ \_\_\_\_\_**TOTAL COST:** \$ \_\_\_\_\_ For Office Staff: \$ \_\_\_\_\_

Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). Complete Credit Card information below (shredded after processing)\*\*

\*\*\* In order to receive a date commitment, the appropriate fees & insurance must accompany the application. \*\*\*

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OFFICE USE ONLY BELOW THIS LINE – TO BE COMPLETED BY THE SUPERINTENDENT OF RECREATION or AUTHORIZED DESIGNEE

REQUESTED USE IS: APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF SUPERINTENDENT OF RECREATION OR AUTHORIZED DESIGNEE \_\_\_\_\_

INSURANCE REQUIRED: YES NO

FEES CHARGED: \_\_\_\_\_

COMMENTS / NOTES: \_\_\_\_\_

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METHOD OF PAYMENT:  CASH  CHECK # \_\_\_\_\_  CREDIT CARD \*\*

Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). \*\* Credit Card information below is shredded after processing, will incur a 3% fee

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

\*\*\*\*\*

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_