

VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT

3 Library Road, Briarcliff Manor, NY 10510

Phone: (914)-941-6560 ~ 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. VESCIO 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. ***

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: _____

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: _____