



PARKS DEPT.

Group Usage Application

Morningside

Mountindale

Group/Individual Name: _____ **Date:** _____

Address: _____

Phone # H. _____ **C.** _____

Date of Rental: _____ **Times:** _____ / _____
Arrival / **Departure**

Anticipated number of people: _____

Terms and conditions of this agreement:

***You must be at least 21 years of age to apply for group usage.**

***A separate payment for a refundable clean-up deposit is required. The amount of the deposit is equal to the usage fee. It will be returned to you providing the grounds are cleaned to the park departments expectations.**

***The facility must be cleaned and vacated by the departure time noted in the application.**

***Group usage entitles you to occupy playground and field areas. Your reservation insures that no other group will utilize the area during your reserved time. Please note that families are permitted in the playground area. Reservations pertain to groups only**

*** Excessive noise of any kind which infringes on the rights of others who are patronizing the park facility is not permitted and can result in the termination of your event with no refunds.**

Group Usage Rates

<u>Group Size</u>	<u>Resident</u>	<u>Non- Resident</u>
10 and under	No Charge	No Charge
11-25	\$15.00	\$20.00
26-75	\$30.00	\$40.00
76-150	\$60.00	\$80.00
151-300	\$120.00	\$160.00

Over 300, approval required from the town board and you must provide insurance naming the town as co-insured.

Please describe in detail your activity and what manner you intend to use our facility:

This reservation will be permitted on the conditions that the applicant holds the Town of Fallsburg free and harmless from any and all claims for damage arising out of illness, accident, mischief or any claims resulting from the consumption of alcoholic beverages by the applicants or their guests.

I have read and understood the information noted on this application and will be the responsible party organizing the event.

Signature: _____ Date: _____

_____ Approved _____ Disapproved

Reason for disapproval:

Office use only

Usage Fee: _____ Date Paid: _____

Cash : _____ Check #: _____ Receipt #: _____

Clean-up deposit: _____ Date paid: _____

Cash : _____ Check #: _____ Receipt #: _____

Date returned: _____ Customer Signature: _____