

**Town of DeWitt Parks and Recreation Department**  
**5400 Butternut Drive, East Syracuse, New York 13057**  
**446-9250 x 9**

[www.townofdewitt.com](http://www.townofdewitt.com) or [www.facebook.com/dewittparksandrecreation.com](http://www.facebook.com/dewittparksandrecreation.com)

**Carrier Park Pavilion Rental Form**  
**600 Roby Ave., East Syracuse, NY**  
**80-100 People, Electricity Included, Small Grills**

Rental Date: \_\_\_\_\_ Time: Dawn–2:30pm      3:00pm–Dark      All Day

Number Attending: \_\_\_\_\_ Purpose of Request: \_\_\_\_\_

Contact Person (on-site during use): \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Street

City

Zip

Organization (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**(Please note; if the Security Deposit refund check should be made payable to anyone other than the Contact Person (above) please note that here: \_\_\_\_\_**

**Sent to a different address? \_\_\_\_\_**

**RENTAL RATES (Fee and Security Deposit Due at Time of Reservation): *Check or Cash Only***

<b>Reservation Times</b>	<b>Security Deposit</b>	<b>Resident Fee</b>	<b>Resident Total Due</b>	<b>Non-Resident Fee</b>	<b>Non-Resident Total Due</b>
<b>Dawn – 2:30</b>	<b>\$50.00</b>	<b>\$75.00</b>	<b>\$125.00</b>	<b>\$85.00</b>	<b>\$135.00</b>
<b>3:00-Dark</b>	<b>\$50.00</b>	<b>\$75.00</b>	<b>\$125.00</b>	<b>\$85.00</b>	<b>\$135.00</b>
<b>All Day</b>	<b>\$50.00</b>	<b>\$125.00</b>	<b>\$175.00</b>	<b>\$150.00</b>	<b>\$200.00</b>

**TERMS OF USE:**

1. **Facility must be left in order (NO TRASH) or security deposit may be retained.**
2. Applicant assumes responsibility for participants, spectators AND any damages incurred.
3. Certificate of insurance may be required.
4. No advertising of event without permission from Town of DeWitt.
5. **A carry in - carry out policy is in effect for trash in all facilities.**
6. This permit is for the period shown and is subject to all the rules and regulations of the Town of DeWitt.  
The Town will not guarantee accommodations for more than the numbers indicated. Returned checks

will be assessed a \$33.00 fee. **Cancellations and refunds will not be made unless permit holder notifies the Recreation Office in writing at least thirty (30) days before the reservation date or unless the area can be reserved by another group.**

8. The selling of any items is prohibited without a permit from the Town of DeWitt. No admission fee may be imposed without prior written permission of the Town of DeWitt.
9. The Town of DeWitt reserves the right to void the permit should facilities become unavailable for any reason.
10. Compliance with all applicable laws and regulations of the State of New York, the Town of DeWitt, and Onondaga County Health Department is a requirement of permit holder.
11. The person listed on this form and signing as representing above named group is legally responsible for any and all actions of group members while they are in a Town of DeWitt facility. This person will be held financially responsible for any and all damages to park property caused by a member of his/her group. This person is responsible for his or her group's adherence to all state and county laws pertaining to alcohol use.
12. The undersigned hereby acknowledges that he/she has read, understands and agrees to comply with the above terms and conditions. The undersigned further verifies that he/she is 21 years of age or older and assumes all responsibility for the action of the above group.

I, \_\_\_\_\_, hereby request reservation of the Town of DeWitt facility named above, for the date(s), times and purpose shown. I certify that I understand and agree to the terms of use. I further agree to hold harmless the Town of DeWitt, its officers and employees, in any claim of personal injury or property damage in any way arising from use of this facility.

**X** \_\_\_\_\_  
Permit Holder's Signature (signature must be same as name of reservation form)      Date

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**For Office Use Only**

Notes:  
POINT OUT GATE CODE ON RECEIPT

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Total Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Original Receipt # \_\_\_\_\_

Permit Granted By: \_\_\_\_\_