

## FRONT Pavilion, Maxwell Park Rental Form

6560 Badgley Road, East Syracuse, NY  
60-80 People, Small Grills, Electricity Included

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

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

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

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

Contact Address \_\_\_\_\_  
Street City Zip

Email \_\_\_\_\_

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

Return Deposit to  Contact Person  Other (list information below)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

## Rental Rates

Fee and Security Deposit due at time of reservation. Cash or check only.

Rental Time	Resident Rate	Non-Resident Rate	Security Deposit
Half Day	\$60	\$70	\$50
All Day	\$90	\$110	\$50

**TERMS OF USE**

1. **Facility must be left in order and clean or security deposit may be retained.**
2. **A carry in - carry out policy is in effect for trash in all facilities.**
3. 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.
4. 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.
5. A \$20 fee will be assessed for any returned checks.
6. Cancellations made at least thirty (30) days before the reservation date will receive a full refund. **Refunds are not guaranteed for cancellations made less than thirty (30) days before the reservation date.**
7. Certificate of insurance may be required.
8. No advertising of event without permission from Town of DeWitt.
9. 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.
10. The Town reserves the right to void the permit should facilities become unavailable for any reason.
11. 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.
12. Security deposit will be returned by mail after the facility has been inspected and found in order.
13. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Paid \_\_\_\_\_ Date \_\_\_\_\_