# TOWN OF CRAWFORD PARKS & RECREATION DEPARTMENT
# PARK PAVILION RESERVATION FORM
## 845-744-2020

Date of Rental_____

Name:_____Phone (H):_____ (C)_____
**(Print First and Last Name)**

Address_____City_____State_____Zip_____

**FORM MUST BE SUBMITTED 2 WEEKS PRIOR TO EVENT OR RESERVATION WILL BE FORFEITED.**

**(Check Park of choice)**

☐ **Crawford Town Park**
a/k/a Tessie Chessari Memorial Park a/k/a Castle Park– 19 Red Mills Road, Pine Bush, NY 12566

Number of People_____ ☐ Large Pavilion #1 ☐ Small Pavilion #2 ☐ Small Pavilion #3 ☐ Small Pavilion #4

☐ **Bullville Park** – 612 Lybolt Road, Bullville, NY 10915

Number of People _____ ☐ Large Pavilion ☐ Small Pavilion

**COST (Please remit separate checks for Fee and Deposit)**
☐ $100.00 Rental deposit
☐ $150.00 Large Pavilion Rental Non-Resident
☐ $100.00 Large Pavilion Rental Resident
☐ $75.00 Small Pavilion Rental Non-Resident
☐ $50.00 Small Pavilion Resident

- All resident and non-resident reservations require a $100.00 deposit. Failure to pick up litter and clean area after use will forfeit the return of your deposit and/or future use of these facilities.
- All requests for waivers of fees must be approved by Supervisor or Town Board.
- Certificates of Insurance required listing the Town of Crawford as an "additional insured" if serving alcoholic beverages

Please complete and return with Check (s) to:
Town of Crawford
C/O Clerk's Office
121 State Route 302
Pine Bush, NY 12566

STATE OF NEW YORK/COUNTY OF ORANGE – RELEASE AND INDEMNITY

I acknowledge that by signing this document, I am releasing the Town of Crawford, their officials and staff, from liability. This release form has legal consequences. I have read it carefully before signing.

In consideration of the opportunity to use the above mentioned Town of Crawford Park facilities, I HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE, SHALL DEFEND AND INDEMNIFY, the Town of Crawford, their officials and staff, from any and all rights and claims including arising from the negligence of the released parties, which may be sustained by directly or indirectly in connection with my participation at the Town of Crawford Parks. I acknowledge that IAM RESPONSIBLE FOR ANY DAMGE TO THE FACILITIES that may arise from myself or members of my group. The undersigned agrees that the remainder of this release and indemnity shall remain in full force and effect.

Signature:_____Date: _____

**RESIDENT AFFIRMATION**

I attest and affirm that I am a legal resident of the Town of Crawford and as such am responsible for any damage to Town facilities by myself or any member of my group.

Signature: _____ Date: _____

**Please provide/enclose proof of residency (ex: Copy of driver's license with street address, utility bill, etc.)**

**TOWN OF CRAWFORD PARKS & RECREATION DEPARTMENT**
**PARK PAVILION RESERVATION FORM**
**845-744-2020**

PARK RULES

- Park opens at 8:00am and closes at dusk. (Any other arrangement must be made in advance and approved by Parks Dept.)
- If you must rearrange picnic tables or BBQ Pit, you must put back to original set-up.
- No vehicle or ATV's on the grass.
- Do not overfill garbage cans. Top of barrel is full, not top of lid.
- If there is any problem at the park or with the facilities, call the Town of Crawford Police Department at 845-744-5000.
- Submit reservation form and payment to Town of Crawford 2 weeks prior to event or reservation will be forfeited.
- No water balloons. Helium balloons ONLY.
- No water slides, pools, slip-n-slides, or sprinklers
- All outside activities rentals such as bounce houses, etc. must be pre-approved, and insurance must be provided for such rentals.
- No staples in picnic tables.

Please initial: _____

**For Office Use Only:**

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|---|---|---|---|
| Date: | Amount Paid: | Cash/Check/CC# | By: |
| Date: | Amount Paid: **$100.00 Security Deposit** | Cash/Check# | By: |