Town of Clinton - <u>Pavilion Rental Application Form</u> 2026

Print and Mail the completed form (and all required paperwork) to:

Daniel Harkenrider, Recreation Dir. 12 Friends View, Clinton Corners, NY 12514

• It is imperative that all information is given for the contact person, or the application will be void

<u>**Fees**</u>: **Resident $250.00, Non-resident $350.00, Organization $425.00, Commercial Rental: $750.00**

Pavilion Rental Date Requested _____ (see Rec calendar on website for available dates)
- *Pavilion Rental time is **8 AM to 7 PM** on the requested date

Name of Contact Person: _____

Contact Person Address: _____

Contact Person Email: _____

Contact Person Phone #: _____

Insurance Provider: _____
(A certificate of insurance must be provided. Please contact your Homeowners' Insurance Agent and request a Rider on your policy to cover the pavilion rental and your guests).

Group Size (Number of people you intend on having in the pavilion):_____

Type of Activity (Birthday Party, Graduation Party, etc): _____

Will food be served? (Yes / No): _____

Special Requests: _____

<u>General Information</u>: •
- No one will be allowed to rent the pavilion without:
    - Completed Application Form
    - Copy of the insurance certificate
    - A **<u>separate</u>** deposit check for $100.00 (*Refundable if the kitchen & pavilion are clean at the end of the event*)
    - Rental fee (checks made payable to **<u>Town of Clinton</u>**)
    - <u>To hold the desired date, the Recreation Director MUST receive the application and payment within **14 DAYS** of the initial request.</u>

- Recreation Dept should (**Please check choice**):　　____**Return deposit check**
　　　　　　　　　　　　　　　　　　　　　　　　　____**Shred deposit check**
- Call the Recreation Director (914-489-0962) 2-3 days before the day of the function to get directions for getting the kitchen opened
- For further information, contact: <u>Dan Harkenrider at 914-489-0962</u> or email: <u>Dan@clintondcny.gov</u>

-For office use only:
Rental Check #_____　　　　Deposit Check # _____　　　　Insurance Rec'd_____