



Town of Pawling
 Recreation Department
 2 Lakeside Drive
 Pawling, NY 12564
 845-855-1131
 recreation@pawling.org

FACILITY APPLICATION

**Use of Town Facilities by
 Individuals & Organizations**

Appropriate insurance is always required.

The person listed below assumes all responsibility for activity during facility use on town property.

Full Name _____

Organization _____
(if applicable)

Street Address _____

City, State, Zip _____

Phone Number _____

E-Mail Address _____

**PLEASE CHECK YOUR FACILITY REQUEST(S)
 & SUBMIT FULL PAYMENT.**

	CHECK HERE:	Resident	Non-Res
Entire Lathrop Building		\$750/day	\$1,000/day
JC Penney/Rotary Room		\$200/day \$30/hr	\$300/day \$30/hr
Johnson Room		\$100/day; \$25/hr	\$150/day; \$25/hr
Auditorium/Lobby/Lounge		\$400/day \$30/hr youth sports only	\$750/day \$50/hr youth sports only
Great Lawn		\$60/hr \$250/day; \$2,000/season	\$80/hr \$300/day; \$3,000/season
Athletic Fields		\$60/hr \$250/day; \$2,000/season	\$80/hr \$300/day; \$3,000/season
Lakeside Pavilion <i>*does not include swimming passes</i>		\$200/day	\$450/day
Teen Center		\$350/day	\$450/day
Murrow Lower Pavilion		\$75/day	\$200/day
Murrow Upper Pavilion		\$175/day	\$450/day
Holmes-Whaley Lake Civic Center (Upstairs w/kitchen)		\$200/day	\$380/day

PLEASE ANSWER THE FOLLOWING:

Date of Requested Use: _____

Times of Requested Use*: _____ - _____

*AFTER 11PM OR ON TOWN HOLIDAYS, THERE IS AN ADDITIONAL \$20/HR FEE FOR INDOOR FACILITY USE

Purpose of Use: _____

Town of Pawling Resident: ___ YES ___ NO

Number of Participants Expected:

___ Resident Adults ___ Resident Children

___ Non-Res Adults ___ Non-Res Children

Will there be an independent contractor on site during facility use? ___ YES ___ NO

If yes, please provide name: _____

Service provided: _____

EACH INDEPENDENT CONTRACTOR NEEDS THEIR OWN CERTIFICATE OF INSURANCE

Will there be swimming? ___ YES ___ NO

Will alcohol be served? ___ YES* ___ NO

Will alcohol be sold? ___ YES* ___ NO

Admission charged? ___ YES ___ NO

*ANY ALCOHOL SERVED OR SOLD REQUIRES AN ALCOHOL CONTROL PLAN IN WRITING SUBMITTED WITH THIS APPLICATION

Do you need tables and chairs? If so, how many?

Total Amount Due: _____

+ Security Deposit: **\$100 (separate check)**

We hold this security check until rental is finished and then we mail back to address on file.

MAKE CHECKS PAYABLE TO "TOWN OF PAWLING"

THIS SECTION BELOW IS FOR STAFF USE ONLY:

Facility Amount PAID: _____ Cash/Check # ___/CC

Date Paid: _____ Staff Initials: _____

Security Check Received: _____ Date Returned: _____

Non-Profit Organizations may be eligible for a 50% reduction of facility fees. If your organization meets this criteria, please fill out the attached Fee Reduction Request.

RESERVATIONS ARE NOT SCHEDULED UNTIL:

**1. ___ PAYMENT 2. ___ APPLICATION 3. ___ INSURANCE
 ARE ALL RECEIVED IN THE RECREATION OFFICE**



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INDIVIDUAL Insurance Requirements:

The Individual shall provide a **copy of their Homeowner's or Apartment/Renter's Policy Declaration Page** – minimum liability limit of \$500,000. Policy shall not exclude the off-premises activities of the insured.

1. **Hold Harmless**

The undersigned individual requesting use of the Town of Pawling's facilities, guarantees observance of all regulations governing the use of facilities of the Town of Pawling, payment of any charge incurred, and states that the individual agrees to indemnify and save harmless the Town of Pawling, all of the Town's elected and appointed officers, employees, volunteers, and/or agents against any and all claims for damages or injury to persons or property that may be occasioned by, or arise from, the use of such facilities to the fullest extent possible pursuant to the laws of New York State.

THE PAWLING TOWN BOARD RESERVES THE RIGHT TO REQUIRE ALTERNATIVE LIABILITY LIMITS WHEN APPLICABLE.

Name of Individual: _____

Signature: _____

Date: _____

Address: _____



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GROUP/ORGANIZATION Insurance Requirements:

Review the following insurance requirements and forward to your insurance representative/carrier for issuance of required certificates. THE PAWLING TOWN BOARD RESERVES THE RIGHT TO REQUIRE ALTERNATIVE LIABILITY LIMITS WHEN APPLICABLE. The group/organizations shall maintain at a minimum the following insurance coverages, giving evidence of same to the Town of Pawling in a form of a Certificate of Insurance (COI), copy of General Liability Declarations Page, and a copy of the Additional Insured Endorsement, and provide 30 days' notice of cancellation, non-renewal, or material change. New York State License carrier is preferred; any non-licensed carriers will be accepted at the Town of Pawling's discretion. The insurance carrier must have an AM Best rating of at least an A-IX. Worker's Compensation and NYS Disability coverage is required for any organization that has employees that will be working on the premises. Note – Independent contractors or vendors used or employed by the organization must comply with Town of Pawling insurance requirements for Independent Contractors/Sub-Contractors.

1. Commercial General Liability
 - a. Coverage Occurrence – 1988 ISO or equivalent
 - b. Limits

General Aggregate	\$2,000,000
Products/Comp/Ops Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (any one fire)	\$ 50,000
Medical Expenses (any one person)	\$ 5,000
 - c. Additional Insured The Town of Pawling and all appointed and elected officials, employees, and volunteers using ISO FormCG2005 or equivalent.
 - d. Extension Mandatory Full Contractual Liability
 - e. Mandatory If alcohol is being served, evidence of Host Liquor Liability is required.
If alcohol is being sold, evidence of Liquor Law Legal Liability is required.
2. Umbrella Liability
 - a. Coverage Umbrella Form or Excess Follow Form of Primary General Liability and Automobile Liability
 - b. Limit \$2,000,000
 - c. Additional Insured The Town of Pawling and all appointed and elected officials, employees, and volunteers.
3. Worker's Compensation and NYS Disability
Statutory Coverage is required if the organization has employees that will be working on the premises.
4. Hold Harmless
The undersigned individual requesting use of the Town of Pawling's facilities, guarantees observance of all regulations governing the use of facilities of the Town of Pawling, payment of any charge incurred, and states that the individual agrees to indemnify and save harmless the Town of Pawling, all of the Town's elected and appointed officers, employees, volunteers, and/or agents against any and all claims for damages or injury to persons or property that may be occasioned by, or arise from, the use of such facilities to the fullest extent possible pursuant to the laws of New York State. THE PAWLING TOWN BOARD RESERVES THE RIGHT TO REQUIRE ALTERNATIVE LIABILITY LIMITS WHEN APPLICABLE.
5. Any group/organization renting the **Holmes-Whaley Lake Civic Center** must list **BOTH** "Town of Pawling" and "Holmes Whaley Lake Civic Association" as Additional Insured on all paperwork.

Name of Individual: _____

Signature: _____

Date: _____

Address: _____



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NON-PROFIT FEE REDUCTION REQUEST

**Non-Profit Organizations may be eligible for a 50% reduction of facility fees.
If your organization meets this criteria and seeks a fee reduction,
please fill out this Fee Reduction Request Form & attach a copy of your 501c3 certificate.**

Please explain how this facility reservation will benefit your organization’s mission:

What percentage of Pawling Residents make up your organization and do any Pawling Residents serve on your organization’s board?

Are any members of your organization willing to volunteer at Recreation Department events during the year in order to continue building strong community partnerships? If so, what types of events or service opportunities are best to collaborate on together?

A COPY OF YOUR 501c3 CERTIFICATE MUST ACCOMPANY THIS REQUEST IN ORDER TO BE APPROVED.

Name of Organization Representative: _____

Signature: _____

Date: _____