



APPLICATION FOR THE USE OF TOWN OF CARMEL FACILITIES

(Submit completed form at least two weeks prior to event)

Please print clearly

Name of Applicant/Organization:	Telephone:
Street:	Email:
City/State/Zip:	Resident Registration Fee paid prior to this application? Yes <input type="radio"/> No <input type="radio"/>

Applicant must have a Community Pass account to process application. To create an account visit: <https://register.communitypass.net/CarmelTownof>

Description and Purpose of Activity Planned:	
Refreshments to be served? Yes <input type="radio"/> No <input type="radio"/>	* ALCOHOLIC BEVERAGES ARE NOT PERMITTED IN ANY OF THE TOWN PARKS *
Estimated # of persons in attendance: _____ Adults + _____ Children = _____ Total	
Date building or grounds to be used: ____/____/____	
Hours building or grounds to be used: _____ until _____ (Include time for set-up and break-down)	
Non-Profit Organization? Yes <input type="radio"/> No <input type="radio"/>	
Is equipment required from the municipality? * Yes <input type="radio"/> No <input type="radio"/> * If yes, please complete a Property Disbursement Agreement Form	
If so, state what types of equipment and for what purpose:	
Is event open to public? Yes <input type="radio"/> No <input type="radio"/>	
Will there be donations /contributions solicited? Yes <input type="radio"/> No <input type="radio"/> *All parks are open to the public; no admission fees are permitted	

Requested Facility:

*** PLEASE NOTE: PAVILIONS ARE NOT PERMITTED TO BE USED DURING LIGHTNING STORMS!**

<input type="radio"/> Sycamore – Upper Field	<input type="radio"/> Michael Geary Roller Rink	<input type="radio"/> Red Mills Park
<input type="radio"/> Sycamore – Main Building (\$300)	<input type="radio"/> Camarda Park Pavilion*	<input type="radio"/> Camarda Park – Ballfield
<input type="radio"/> Sycamore – Pavilion Area*	<input type="radio"/> Baldwin Meadows Park	<input type="radio"/> Chamber Park
<input type="radio"/> Sycamore – Ballfield	<input type="radio"/> Airport Park	<input type="radio"/> McDonough Park: (Specify Field)

Fees:

\$	\$6.00 Resident Registration Fee (must be paid by the applicant for the current year; seniors are excluded)
\$	\$150 - Reserved Pavilion/ Picnic Area
\$	\$300 - Main Building Rental
\$	\$30.00 X _____ (# of hours) - Custodial Staff Fee (required for main building rental)
\$	\$150 - Ballfield (2 Hour Limit) / \$250 - Ballfield with Lights (2 Hour Limit)
\$	TOTAL – Check payable to “Carmel Recreation”, Cash, or Credit Card (Visa or Master Card)
\$ 300	REFUNDABLE DEPOSIT —Required for all events. Please make a separate check payable to “Carmel Recreation” The deposit will be returned if no damage, or expense incurs.

! INSURANCE REQUIRED ! General Liability Insurance is required in the amount of **\$1,000,000 per occurrence**, holding the “Town of Carmel” as **Additionally Insured**. (sample available upon request) A copy of your Certificate of Insurance must be submitted with this completed form and the two required checks to: Town of Carmel Recreation and Parks Dept. 790 Long Pond Rd., Mahopac, NY 10541

Applicant must be over 21 years of age and must pay the Town of Carmel Resident Registration Fee. Events must be comprised of 50% Town of Carmel residents. It is understood that the above-named applicant will be responsible for the entire group adhering to all Rules & Regulations of the Recreation and Parks Department, and they acknowledge that no alcohol will be consumed at this event. **The use of alcoholic beverages in and on parklands is prohibited. Any person found guilty of a violation, upon conviction thereof, shall be subject to a fine and loss of permit.** Please initial: _____

I HAVE READ AND AGREE TO THE CONDITIONS IN THE RENTAL AGREEMENT

I/We release the Town of Carmel and its officials and employees from any responsibility for any liability, claims, loss damages, or actions (including costs and attorney’s fees) for bodily injury and/or property damages, to the extent permissible by law, arising out of or in connection with the actual or proposed use of this facility and/or services.

Applicant Signature: _____ Date: _____

FOR TOWN USE

CERTIFICATE OF INSURANCE: ☐ Has Been Provided ☐ Will be Provided

☐ Approved ☐ Disapproved By: _____ Title: _____ Date: _____

REFUNDABLE DEPOSIT: Cash: \$ _____ Check: # _____ Returned: ____/____/____

Reason withheld: _____