

This Rental Form alone is NOT proof of a confirmed reservation.

TOWN OF SULLIVAN PARKS & RECREATION DEPT.

707 Legion Drive, Chittenango, NY 13037 (315)687-3471

<http://sullivan.recdesk.com>

Pavilion Rental Form

Name of person and/or business renting facility (must be 21 or older)		Email	
Home Phone	Work Phone	Cell Phone	
Mailing Address (Street or PO Box)		City	State
			Zip
Date Requested		Use (What sign should say)	
Start Time	End Time	Group Size	Will this event be catered?

Sullivan Park Pavilion 1: _____

Sullivan Park Pavilion 2: _____

Chapman Park Pavilion 1: _____

Chapman Park Pavilion 2: _____

Chapman Park Pavilion 3: _____

CONDITIONS OF THIS NON-REFUNDABLE PAVILION PERMIT

1. Parks open at 9:00 a.m. and close at 8:00 p.m. daily.
2. It is responsibility of permit holder to ensure the facility is left in good condition at the conclusion of the event.
3. It is responsibility of permit holder to ensure that anyone consuming alcoholic beverages is 21 years of age or older.
4. There is no selling, soliciting, advertising or gambling allowed.
5. Abuse of facilities or park areas may result in permit refusal and/or legal action.
6. Any person applying for permit must be at least 21. Picture ID may be required.
7. No tents, bounce houses or other large apparatus that requires installation in the turf/grass.
8. All individuals must comply with Town of Sullivan Parks, Town of Sullivan, Madison County and New York ordinances/laws.
9. All personal equipment and supplies must be removed from Town property at the conclusion of permitted rental.

I am fully aware, accept and acknowledge the condition that the Town of Sullivan does not carry medical insurance on permit holders. Further, I agree to release the Town of Sullivan, its employees, agents and administrators from any and all claims I may have from damage arising out of my rental of a Town facility for picnic/league play/field use, and agree to defend, indemnify and hold harmless the Town of Sullivan, its employees, agents and administration from any claims by a third party arising in whole or in part out of my actions. I will in turn pursue appropriate coverage via personal or employee insurance. I acknowledge it is my responsibility that all Town rules are obeyed. I understand I will be responsible for charges due to loss or damages. I further verify that I am 21 years of age or older and assume responsibility for the actions of the above group.

I understand that if I am found to be in violation of the conditions of this permit or the Town of Sullivan Parks Ordinance or of any other law that this permit may be revoked, all present may be asked to leave, and I may lost all future rental privileges. Furthermore, it is understood that this permit may be revoked, at any time, by the Town of Sullivan Parks & Recreation Department.

*** Signature _____ Date: _____

*** ***Signature must be same as name on rental form. This person is the official permit holder.***