

Application to use Community Center and/or Eagle Scout Park

5285 State Highway 41, Smithville Flats, NY 13841

Office open 9:00 to 12:00 Monday to Friday

Closed Holidays, Saturdays, and Sundays

607-656-7969

Group Single Event or Private Event

RENT AT YOUR OWN RISK

Today's date: _____

Date of use: _____

Name of organization or individual:

Time: use: ____ From: ____ To: ____

Contact Person: _____

Purpose of Use _____

Mailing Address: _____

Est. # of People _____

E-mail _____

Do you have a key? _____

Phone(day) _____ (Night) _____

NEED: KITCHEN _____ PARK _____ OUTDOOR ELECTRIC _____

UPSTAIRS _____ PAVILION _____ GAZEBO _____

DOWNSTAIRS _____ OUTDOOR RESTROOMS _____ BBQ PIT _____

GRILL (BRING OWN GAS) _____

REGULATIONS

THE UNDERSIGNED/APPLICANT AGREES TO THE FOLLOWING CONDITIONS:

1. Note others will be in the Park
2. \$100 FACILITY USE FEE (NON-REFUNDABLE) and a completed application
3. Cancellations must be made one week in advance
4. NO ALCOHOL ON THE PREMISES
5. COOKING:
 - The oven and stove are for warming purpose only in Community Center
 - Pavilion -You may use the kitchen supplies, coffee pots. They need to be cleaned before you leave
 - You may bring your own outdoor grill and gas for cooking outside the Pavilion only. You can use the grill that is there bring your own gas it needs to be cleaned for next rental
6. TRASH CARRY IN CARRY OUT. Cans and bags are provided for your use.
7. CLEANING: See the attached EXIT CHECK LIST. ALL USED FACILITY/AREAS WILL BE LEFT IN "FOUND" CONDITION. THE PERSON OR ORGANIZATION RESPONSIBLE WILL BE REQUIRED TO MAKE RESTITUTION IN THE AMOUNT NEEDED TO RETURN THE FACILITY/AREA BACK TO "FOUND" CODITION
8. NO DANGEROUS OR UNLAWFUL ACTIVITIES ALLOWED. Including drug use, excessive noise, profanity, No snowmobiles, No 4 wheelers , dirt bikes, No E-bikes No Go Carts

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Agreement

The undersigned is over 21 years of age and has read this form and REGULATIONS AND AGREES TO COMPLY WITH THEM. He/She agrees to be responsible to the Town of Smithville for the use and care of the facilities. He/She, on behalf of the Applicant does hereby convene and agree to defend, indemnify, and hold harmless the Town of Smithville from and against all liability, loss damages, claims, or actions (including cots and attorneys fees) for bodily injury and/property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Town property, facilities, and/or services by Applicant.

Signature of Organization Representative/Individual

Address (if different than above) _____

Telephone # (If different than above) _____

Acknowledged above) _ Use Fee Pd. _____

Smithville Town Clerk/Deputy: _____

Custodian Deputy: _____

Re: 6/24/24

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Exit check list for Community Center

- o Community Center dishes and utensils washed and put away
- o Dirty towels placed on wheeled cart next to sink
- o Leftover food removed from refrigerator
- o TRASH IS CARRY IN CARRY OUT please put a clean bag in can
- o Table and chairs returned to original position and other tables and chairs back on rack
- o Lights upstairs and downstairs turned off
- o Fans upstairs and down stairs turned off
- o Water faucets turned off—make sure water in toilets are not running
- o Heat in main room (2 units) and upstairs (2 units) turned back to the black line 55 degrees
- o Both exit doors are locked (front entrance and ramp entrance)
- o Date and initial check list put in drop box with key. (***You will be charged for lost keys and rekeying new locks***)
- o Report any damages to Town Clerk -607-656-7969- (***you will need to replace damages***)

DATE: _____ Initial: _____
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Exit check list for Pavilion/Park

- o Make sure to clean coffee pots and utensils
- o Wipe down tables, benches, and counters, sweep the floors
- o Lock the sliding door on the counter from inside
- o TRASH IS CARRY IN AND OUT - cans and bags are for your use during event
- o Clean the restrooms remove the trash
- o Turn off all lights in Restrooms and lock doors
- o Lock the overhead door on pavilion
- o Date and initial check list put in drop box with key (***You will be charged for lost keys and rekeying new locks***)
- o Report any damages to Town Clerk -607-656-7969 - (***you will need to replace damages***)
- o Date: _____ Initial: _____
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