

Town of Stanford Pavilion Use Application

Submit online or mail completed form and all required paperwork to:
Recreation Secretary, P.O. Box 436, Stanfordville, NY 12581

In-season (waterfront open): Resident \$200, Non-resident \$300
Out of season (waterfront closed): Resident \$150, Non-resident \$250

A security deposit of \$125 is required with all facility requests. Pay [online](#) or submit two checks, one for the security deposit and one for the rental amount.

Name of Contact Person: _____

Check one: I am applying as a private person ___ **OR I am applying on behalf of the following organization (name of org):** _____

Contact Person Address: _____

Contact Person Phone & Email: _____

Pavilion Rental Date Requested: _____ (see stanfordny.myrec.com for available dates)
Rental time is from 9:00 AM to 7:00 PM

Purpose of Use: _____

Group Size (Number of people attending): _____

Number of Adults: _____ **Number of Children:** _____

Date Requested: _____ **Set-up Time:** _____ **Break-down Time:** _____

Other information: _____

The following agreements and certifications are made by the signer in his/her/their individual capacity or on behalf of the above-named organization, as applicable. Pronouns "I," "me" and "my" apply to the signer individually or to the organization, as applicable. I certify that I am at least 21 years of age. I certify that if signing on behalf of an organization, I have the requisite authority to do so. I request to use facilities as stated above. I have read, understand and will abide by the Town of Stanford Recreation Facility Use Rules and Requirements. I agree to leave the facilities clean, all garbage in cans and out of reach of animals. I am responsible for any damage done by any member of my group. I will defend, indemnify and hold harmless the Town of Stanford, its employees and volunteers from any and all actions, causes of action, judgements and claims of any nature whatsoever arising out of or relating to my use, including but not limited to costs and expenses of litigation, reasonable attorney's fees and disbursements.

Signature: _____ **Date:** _____

For office use only:
Rental Check # _____ Deposit Check# _____ Insurance Received _____ Payment Online _____
Deposit check: Returned _____ Shred _____