

Cc: Town Board

Town of Blooming Grove
Town Clerk
6 Horton Road, P.O. Box 358
Blooming Grove, NY 10992
(845) 496-3895 (Town Clerk)

Recreation Department
6 Depot Street
Washingtonville, NY 10992
(845)496-9201

**Town of Blooming Grove
Use of Town Property and Facilities Form**

Date of Application: _____
Date Received by Town Clerk or Director of Recreation: _____

*For use of Town Hall or Senior Center, please submit this form to the Town Clerk
All other applications should be submitted to the Director of Recreation.*

Individual/Organization: _____
If Not For Profit Organization, please provide ID# _____

Mailing Address : _____

Contact Person/Title: _____

Phone: _____ Email: _____

Facility/*Field Requested: _____

Nature and Purpose of Event: _____

Date and Time of Event: _____

Rain Date: _____ Field Lighting Required: ____ Yes ____ No

Is any material and/or equipment required from Town: ____ Yes ____ No

If yes, please state what is needed and for what purpose:

Total Number of Participants: _____ Adults _____ Children

Is an Admission Fee or Participation Fee Charged? ____ Yes ____ No

If Yes, what will proceeds be used for? _____

Applicant agrees to be responsible for compliance with all rules and regulations as set forth in the Town of Blooming Grove Chapter 221: Use of Town Property and Facilities (copy annexed in Exhibit "A") and all rules and regulations (annexed in Exhibit "A") governing the use of the above Town property and facilities, and for any and all damage to Town property and facilities.

The fees and deposits required for rental of Town property and facilities are annexed as Exhibit "B".

**For Mays Field availability please visit the Town of Blooming Grove website
townofbloominggroveny.com*

Under Recreation - Mays Field Calendar

Applicant, its officers, employees, members and guests shall, through the signing of this Agreement by an authorized party or agent, indemnify and hold harmless the Town of Blooming Grove, its agents and employees from all claims, lawsuits and actions including reasonable attorney's fees and all costs of litigation and judgment of every name and description against the Town as a result of or arising from, directly or indirectly, any loss, injury, or damage to persons or property by reason of any act or omission relating to or occurring during, or arising out of the occupancy and use of the Town facilities by the Applicant. The person signing below on behalf of the Applicant is fully authorized to sign and bind the Applicant.

If requesting a waiver of fees, deposits or insurance, please fill out the form annexed hereto as Exhibit "C".

Please attach a certificate of general liability insurance coverage, naming the Town of Blooming Grove as an additional insured, in minimum limits of \$1,000,000. This requirement shall not apply to applicants who seek to use Town property and facilities for First Amendment purpose.

I have read and understand the terms of this contract and agree to be bound by its terms and conditions.

Dated: _____

Signature of Applicant: _____

Town of Blooming Grove

By: _____

Action by Town Board on _____ Approve Deny

Exhibit "C"

Please state reason for waiver of fees, deposits or insurance.
