

VILLAGE OF BUCHANAN
RECREATION DEPARTMENT

236 TATE AVENUE
BUCHANAN, NY 10511
914.737.1033

REQUEST FOR USE OF VILLAGE FACILITY

ALL REQUESTS MUST BE RECEIVED 14 DAYS IN ADVANCE

REQUESTS FOR ALCOHOLIC BEVERAGES MUST BE RECEIVED 30 DAYS IN ADVANCE

Today's Date: _____ Date of Event: _____ Times: _____ to _____
Name of Individual Responsible: _____
Name of Organization/Company: _____
Address: _____
Phone - Day: _____ Approx. max # of people attending: _____

Brief Description of Event: _____

Food or NON-alcoholic beverages served? Yes _____ No _____
Alcoholic beverages* ONLY WHEN AUTHORIZED* type and quantity: _____

Please check facility requested:

Community Room	_____	Westchester Ave Field	_____
Pavilion	_____	Historical Room	_____
Lent's Cove Field	_____	Municipal Pool	_____
Tennis Courts	_____	Westchester Ave Offices	_____

Additional Requests:

Bathrooms _____ Lights _____ Other _____

ALL FEES AND REIMBURSEMENTS ARE THE RESPONSIBILITY OF THE APPLICANT. PLEASE READ THE BACK SIDE OF THIS APPLICATION FOR FEE SCHEDULE ALONG WITH THE RULES AND REGULATIONS BEFORE SIGNING THIS APPLICATION.

SIGNATURE OF APPLICANT: _____

**Conditions of approval: Liability insurance policy required. (Certificate of Insurance must name the Village of Buchanan as insured)

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AVAILABILITY _____ YES _____ NO

SIGNED _____ Caretaker-----Recreation Supervisor

APPROVAL _____ Restrictions _____

Date _____ Insurance Certificate Rec'd _____ Expiration _____

Key Issued to whom? _____ Returned? _____

****THE VILLAGE OF BUCHANAN RESERVES THE RIGHT TO RELOCATE ANY MEETING WITHIN THE FACILITY ANOTHER ROOM**

AMOUNT PAID	_____ CASH _____	CHECK # _____
DEPOSIT RECEIVED	_____ CASH _____	CHECK # _____