



Application for Use of Pavilion

Limited to the exclusive use of Monroe Resident only

Please Print

Applicant Information

Group Name: _____ Date: _____
 Representative / Applicant: _____ Photo I.D. # _____
 Address: _____
 _____ Phone # _____

Does your group have insurance? Yes No **IF yes**, please provide a Certificate of Insurance naming the Monroe Joint Parks, the Town of Monroe, and the Village of Monroe as additional insured.
 Certificate Included Certificate to Follow (prior to event)

Event Information

Facility Requested: Lower Pavilion Upper Pavilion Area (specify) _____
 Purpose of: _____ date: _____ time: _____ - _____
 # of Guests: **Total** _____ (___ Children ___ Adults). Do you need electric Yes No

You must call 783-9108 to check date availability prior to submitting your application.

Fee Schedule: Please submit 2 separate checks, (1) for the fee, and (1) for a deposit*

# People	Fee	Deposit*	Total
20-49	\$150	+ \$50	= \$200
50-99	\$250	+ \$100	= \$350
100-249	\$400	+ \$200	= \$600
250-500	\$750	+ \$350	= \$1100

& up Call 783-4906 for quote
 * Refunded provided area is free of all garbage and damage.

- Monroe Joint Park Commission may not be named in any advertising of an event in Smith's Clove Park.
- All music, D.J., Band etc., require prior approval. **(9p.m.cutoff)**
- Park Hours: 7:00am to 11pm
- No Rain Dates... No refund of fee if applicant cancels event
- Admission for any event in Smith's Clove Park is forbidden.
- No alcoholic Beverages
- Make Checks Payable to: **MJPRC**
- Fires must be contained to authorized area and fully extinguished
- Parking Permitted in designated areas only
- **Additional Fee may Apply for Parties over 500**

I, the undersigned agree that my guest and I will follow the rules and regulations governing the use of Smith's Clove Park and the area will be left cleaned and in proper order at the end of the event.

Signature _____ Date: _____

Return the Application along with checks and a self addressed stamped envelope to:

Monroe Joint Park and Recreation Commission
133 Spring Street Monroe, N.Y. 10950
Att: Paul Truax, Park Manager

FOR OFFICE USE ONLY

Application Approved: Yes No By: _____ Date: _____
 Date Deposit Received: _____ Date Fee Received _____ Insurance Submitted _____
 Date Confirmation Sent _____ Date Deposit Returned _____