



2023 Application for Use of Pavilion

Limited to the exclusive use of Monroe Resident and their guests 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 (1 week prior to event)

Event Information

Facility Requested: Lower Pavilion Upper Pavilion

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
0-50	\$100 +	\$50 =	\$150
51-100	\$200 +	\$100 =	\$300
101-200	\$300 +	\$150 =	\$450
201-300	\$400 +	\$200 =	\$600
301-400	\$500 +	\$250 =	\$750
401-500	\$600 +	\$300 =	\$900
501 & up	Call 783-9108 for quote		

- 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**
- ***Deposit refunded provided area is free of garbage & damage**

I, the undersigned agree that my guests 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. Failure to leave the pavilion in the condition you found it; you will forfeit your deposit

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: Kristen Sikoryak, Recreation Coordinator**