Town of DeWitt Recreation Department
5400 Butternut Drive, East Syracuse, New York 13057
(315) 446-3910 x 9 *townofdewitt.recdesk.com*

Carrier Park Basketball Court Rental Form

1033 Kinne Street, East Syracuse, NY

Rental Date(s)_____ **Rental Times**_____

Purpose of Request_____**Number of Teams**_____

Court Requested (Check One) _____Blue _____Green _____Red

Contact Person (on-site during use)_____

Cell_____**Home**_____**Work**_____

E-Mail_____

Contact Address_____

Street/Apt # City State Zip

Organization Name (if applicable)_____ **Phone**_____

Return Deposit to ☐ Contact Person Listed Above **OR** ☐ Person/Organization Listed Below

Name_____ Phone _____

Address _____

	Court	Security Deposit
Resident Rate	$15/hour (Per court)	$50
Non-Resident Rate	$25/hour (Per court)	$50

TERMS OF USE:

1. **Facility must be left in order or security deposit may be retained.**
2. **A carry in, carry out policy is in effect for trash in all facilities.**
3. Applicant assumes responsibility for participants, spectators AND any damages incurred.
4. Certificate of insurance may be required.
5. This permit is for the period shown and is subject to all the rules and regulations of the Town of DeWitt.
6. The Town will not guarantee accommodations for more than the numbers indicated.
7. Returned checks will be assessed a $20.00 fee.
8. The selling of any items is prohibited without a permit from the Town of DeWitt. No admission fee may be imposed without prior written permission of the Town of DeWitt.
9. No advertising of event without permission from Town of DeWitt.
10. **Cancellations and refunds will not be made unless permit holder notifies the Recreation Office at least thirty (30) days before the reservation date.**
11. The Town of DeWitt reserves the right to void the permit should facilities become unavailable for any reason.

12. Compliance with all applicable laws, guidelines and regulations of the State of New York, the Town of DeWitt, Onondaga County and CDC is a requirement of the permit holder.
13. The person listed on this form and signing as representing the above named group is legally responsible for any and all actions of group members while they are in a Town of DeWitt facility. This person will be held financially responsible for any and all damages to park property caused by a member of his/her group.
14. The undersigned herby acknowledges that he/she has read, understands, and agrees to comply with the above terms and conditions. The undersigned further verifies that he/she is 21 years of age or older and assumes all responsibility for the action of the above group.

FACILITY RULES:

1. Equipment is not provided by Carrier Park. You must bring your balls, scoreboards, etc.
2. No dunking is permitted. Renter is responsible for any damage to hoops and/or rims.
3. Renter is responsible for adjusting hoop height if needed. Hoops must be returned to 10' at the end of each use. Hoops should only be adjusted when appropriate for the group utilizing the courts and should NOT be adjusted for dunking, trick shots, etc.
4. Dogs must be leashed at all times. Any owner who does not clean up after their dog may be subject to a fine and will be asked to leave the park. Dogs may <u>never</u> be on the courts at any time.
5. All facility equipment must stay where it is (garbage cans, bleachers, benches, etc.)
6. Your permit won't be considered valid until all proper insurance paperwork is turned in.
7. You may not attach any of your own supplies to the facility. This includes signs, posters, balloons, postings, etc.
8. No glass containers allowed in the facility.

I, _____, hereby request reservation of the Town of DeWitt facility named above, for the date(s), times and purpose shown. I certify that I understand and agree to the terms of use. I further agree to hold harmless the Town of DeWitt, its officers and employees, in any claim of personal injury or property damage in any way arising from use of this facility.

_____ _____

Permit Holder's Signature (signature must be same as name of reservation form) Date

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*****For Office Use Only*****

Notes:

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Total Paid:_____ Date:_____