Town of DeWitt Parks and Recreation Department
5400 Butternut Drive, East Syracuse, New York 13057
(315) 446-9250 x 9 *townofdewitt.recdesk.com*

Jamesville Train Station Rental Form

6499 Seneca Turnpike, Jamesville, NY
15-20 People, 1st Floor with Kitchen, Tables/Chairs

Rental Date _____ **Start Time** _____ **End Time** _____ **Total Hours** _____

Number Attending _____ **Purpose of Request** _____

Contact Person (on-site during use) _____

Date of Birth _____ **Cell** _____ **Home** _____
(Must be 21 or over)

Contact Address _____
Street City Zip

Email _____

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

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

Name _____ Phone _____

Address _____
Street City Zip

Rental Rates

Fee and **Security Deposit** due at time of reservation. Cash, Check or Credit Card.
A service fee will be applied to all credit card transactions.

	Fee	Security Deposit
Resident	$10/hour	$30
Non-Resident	$15/hour	$30

TERMS OF USE

1. **Facility must be left in order and clean or security deposit may be retained.**
2. **A carry in - carry out policy is in effect for trash in all facilities.**
3. The use of staples, tacks, push pins, or tape on the walls, ceiling, or furniture is prohibited and may result in loss of security deposit.
4. The use of glitter or confetti is prohibited and may result in loss of security deposit.
5. Rental time includes set up and clean up. Additional hours are not permitted without prior authorization and may result in loss of security deposit.
6. 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 the property caused by a member of his/her group. This person is responsible for his/her group's adherence to all permit regulations including those pertaining to alcohol use, and is responsible for ensuring that the facility is thoroughly cleaned and left in the proper condition.
7. This permit is for the period shown and is subject to all the rules and regulations of the Town of DeWitt. The Town will not guarantee accommodations for more than the numbers indicated.
8. A $20 fee will be assessed for any returned checks.
9. Cancellations made at least thirty (30) days before the reservation date will receive a full refund. **Refunds are not guaranteed for cancellations made less than thirty (30) days before the reservation date.**
10. Certificate of insurance may be required.
11. No advertising of event without permission from Town of DeWitt.
12. 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 from the Town of DeWitt.
13. The Town reserves the right to void the permit should facility become unavailable for any reason.
14. Compliance with all applicable laws and regulations of the State of New York, the Town of DeWitt, and Onondaga County Health Department is a requirement of the permit holder.
15. Security deposit will be returned by mail after the facility has been inspected and found in order.
16. The undersigned hereby acknowledges that he/she has read, understands, and agrees to comply with the above terms and conditions. The failure to abide by these terms will result in the retention of the security deposit. 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.

I, _____, hereby request reservation of the Town of DeWitt facility named
Print Name

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_____ Code_____