

Village of West Haverstraw

130 SAMSONDALE AVENUE • WEST HAVERSTRAW, NEW YORK 10993
845-947-2800 • FAX 845-947-1560

COMMUNITY CENTER RULES AND REGULATIONS

1. All village laws and ordinances will be strictly enforced.
2. The use of alcoholic beverages and/or drugs are prohibited.
3. No smoking allowed in building.
4. Adult supervision must be provided at all times (ratio 2 adults to every 15 children, at least 2 adults at all times).
5. Putting up decorations or moving of furniture is prohibited unless prior permission is granted.
6. Items may not be sold, exhibited or displayed without prior permission.
7. Applicant will be responsible for the cost of repair of any damage incurred during the use of this facility.
8. Building must be left in the same condition in which it was found. Applicant will be responsible for any janitorial charges needed to restore the center to its condition prior to use.
9. The Village of West Haverstraw will not be responsible for any property left, lost or stolen at Center.
10. Any malfunction or safety hazard must be reported immediately.
11. The approval of this application does not permit the applicant to lease or allow any other organization or persons to use this facility in its name or for its time slot.
12. Cancellations must be communicated as soon as possible, and no later than 3:45 pm Monday through Friday. Excessive cancellations may result in loss of privileges.
13. Group may not be left unattended at any time. Responsible person must be present prior to use and remain until all children have left premises.

Date: _____

Signature of Applicant

Village of West Haverstraw

130 SAMSONDALE AVENUE • WEST HAVERSTRAW, NEW YORK 10993
845-947-2800 • FAX 845-947-1560

APPLICATION FOR USE OF THE COMMUNITY CENTER

PLEASE FILL OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

NO: _____ DATE: _____

1. Name of Group/Organization _____
2. Room to be used: ☐ Gym ☐ Community Room ☐ Board Room
3. Dates requested: _____ Time: From _____ AM / PM to _____ AM / PM
4. Authorized representative of Group/Organization
Name _____
Address _____
Phone: _____ Pager _____
5. Describe nature of activity _____
6. Number of participants _____ Number of adults (ratio 2:15) _____ (NOTE: At least 2 adults at all times)
7. Any special services requested? _____
8. Will admission be charged? Yes _____ No _____ Amount \$ _____
9. Will any items be sold? Yes _____ No _____ ☐ Food ☐ Non-Food
10. How will funds be used? _____
11. Name of Insurance Company _____
Policy Number _____

PLEASE NOTE: Certificate of Insurance must accompany application. Minimum required insurance is one million dollars. Certificate must (1) name Village as additional insured and (2) provide for 30 days notice of cancellation or termination to village.

The undersigned hereby certifies that he/she has read, fully understands, and agrees to abide with the regulations and conditions concerning this application, and will comply with them.

Date of Application _____

X _____

Sign Here (Authorized Representative of Group/Organization)

THE USE OF THE COMMUNITY CENTER IS SECONDARY TO THE NEEDS OF THE VILLAGE OF WEST HAVERSTRAW AND MAY BE CANCELLED TEMPORARILY OR PERMANENTLY, IF NEEDED.

DO NOT WRITE BELOW THIS LINE – FOR COMMUNITY CENTER USE ONLY

☐ APPROVED

☐ DISAPPROVED

DATE APPROVED _____

SIGNATURE _____

Village of West Haverstraw

130 SAMSONDALE AVENUE • WEST HAVERSTRAW, NEW YORK 10993
845-947-2800 • FAX 845-947-1560

APPLICATION FOR USE OF THE PECKS POND RECREATIONAL FACILITIES

PLEASE FILL OUT COMPLETELY. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

No. _____ Date _____

1. Name of Group/Organization _____

2. Facility to be used: ☐ Hardball Field ☐ Softball Field ☐ Pavilion ☐ Rink ☐ Parking Lot

☐ Other _____

3. Dates requested _____ Time: From _____ AM/PM to _____ AM/PM

4. Authorized representative of Group/Organization

Name _____

Address _____

Phone _____ Cell Phone _____

5. Describe nature of activity _____

6. Number of participants _____ Number of adults (ratio 2:15) _____ (NOTE: At least 2 adults at all times)

7. Will admission be charged? ☐ Yes ☐ No Amount \$ _____

8. Will any items be sold? ☐ Yes ☐ No ☐ Food ☐ Non-Food

9. How will funds be used? _____

10. Name of Insurance Company _____

Policy Number _____

PLEASE NOTE: Certificate of Insurance must accompany application. Minimum required insurance is one million dollars. Certificate must (1) name Village as additional insured and (2) provide for 30 days notice of cancellation or termination to Village.

The undersigned hereby certifies that he/she has read, fully understands, and agrees to abide with the regulations and conditions concerning this application, and will comply with them.

Date of Application _____

X

Sign Here (Authorized Representative of Group/Organization)

THE USE OF THE PECKS POND FACILITIES IS SECONDARY TO THE NEEDS OF THE VILLAGE OF WEST HAVERSTRAW AND MAY BE CANCELLED TEMPORARILY OR PERMANENTLY, IF NEEDED.

DO NOT WRITE BELOW THIS LINE

☐ Approved

☐ Disapproved

Date Approved _____

Signature _____

Village of West Haverstraw

130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NEW YORK 10993
845-947-2800 • FAX 845-947-1560

ORGANIZATION INFORMATION SHEET

Name of Organization _____

Tax ID# _____

Are you a not-for-profit organization? ☐ Yes ☐ No

Number of Village of West Haverstraw
residents in organization? _____

ORGANIZATION OFFICERS:

PRESIDENT Name _____

Address _____

Home Phone _____ Work Phone _____

VICE PRES. Name _____

Address _____

Home Phone _____ Work Phone _____

SECRETARY Name _____

Address _____

Home Phone _____ Work Phone _____

TREASURER Name _____

Address _____

Home Phone _____ Work Phone _____

Village of West Haverstraw

130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NEW YORK 10993
845-947-2800 • FAX 845-947-1560

HOLD HARMLESS (USE OF FACILITIES)

(GROUP / ORGANIZATION NAME)

does hereby covenant and agree to defend, indemnify and hold harmless the Village of West Haverstraw from and against any and all liability, loss, damages, claims or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with actual or proposed use of the Village of West Haverstraw Community Center property, facilities and/or services by:

(GROUP / ORGANIZATION NAME)

and/or activities, functions, events, affairs or proceedings of

(GROUP / ORGANIZATION NAME)

SIGNATURE OF AUTHORIZED REPRESENTATIVE
OR GROUP / ORGANIZATION

DATE