

VILLAGE OF WATKINS GLEN  
303 N. Franklin Street  
Watkins Glen, NY 14891  
607-535-2736 Phone  
607-535-7621 Fax

APPLICATION FOR USE of the CLUTE PARK LAKESIDE PAVILION

DATE: \_\_\_\_\_

INSURED'S NAME OR ORGANIZATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE#: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ATTENDENCE EXPECTED \_\_\_\_\_  
(HOME) (BUSINESS)

TYPE OF ACTIVITY: \_\_\_\_\_ DATE(S) \_\_\_\_\_ TIME(S) \_\_\_\_\_

Circle those that apply: (Food) (Drink) (Alcoholic Beverages) to be served.  
Will there be a cash bar? (Yes) (No)  
Proof of Host Liquor and/or Dram Shop Insurance will also be required if Alcohol is served or sold at the event.

**RENTAL FEE SCHEDULE**  
\$75.00 CLEAN-UP/DAMAGE DEPOSIT  
\$125.00 HALF/\$150.00 WHOLE\*

As evidenced by your signature following, you agree, on behalf of your organization and yourself, to take full responsibility as specified by the governing rules and this application. You also agree to defend, indemnify and hold the Village harmless from any claims of liability resulting from your use of the subject premises.

\_\_\_\_\_  
(Signature of Insured)

**\* Parking fees for Lakeside Park are NOT included with the rental fee of the pavilion.**

RECEIPT# \_\_\_\_\_ GIVEN FOR \$ \_\_\_\_\_ RESERVATION DEPOSIT.

RECEIPT# \_\_\_\_\_ GIVEN FOR \$ \_\_\_\_\_ RENTAL FEE.

PROOF OF LIABILITY INSURANCE RECEIVED: \_\_\_\_\_

PROOF OF LIQUOR LIABILITY COVERAGE RECEIVED: \_\_\_\_\_

Approved by Park Manager on: \_\_\_\_\_

Clean-up deposit returned/ denied: \_\_\_\_\_