

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  
\$75.00 HALF/\$100.00 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.

\_\_\_\_\_  
(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: \_\_\_\_\_