

Instructions for completing the Parks & Recreation Facilities Request Form

Pavilion rentals are available from May 1 – October 31 of each year.

All facilities at Tawasentha Park must be reserved by a resident of the Town of Guilderland.
Rental payment covers trash pickup by the Parks & Recreation Maintenance Department.

Please contact the Parks & Recreation Department at (518) 456-3150 to determine availability or you may check on the Town website at:

http://www.townofguilderland.org/Pages/GuilderlandNY_TawasenthaPark/?FormID=158

LARGE PAVILION (Accommodates up to 200):

The fee for Guilderland residents is \$175 (Monday-Sunday). The fee for businesses, groups of 100+ or private groups (must be reserved by a Guilderland resident) is \$235 (Monday-Sunday & Holidays).

CHALET (Accommodates up to 75):

The fee for Guilderland residents is \$150 (Monday-Sunday). The fee for businesses or private groups (must be reserved by a Guilderland resident) is \$200 (Monday-Sunday & Holidays).

SMALL PAVILION (Accommodates up to 40):

The fee for Guilderland residents is \$125 (Monday-Sunday). The fee for businesses or private groups (must be reserved by a Guilderland resident) is \$150 (Monday-Sunday & Holidays).

PICNIC AREAS 1, 2 AND 3 (Accommodates up to 25):

The fee for Guilderland residents for the picnic areas (no pavilion) is \$50 for groups 25 or less.

WESTERN TURNPIKE GOLF COURSE PAVILION (Accommodates 200 - 750):

The fee for parties of 200 – 500 persons is \$750 (Monday-Sunday). The fee for parties of 501 – 750 persons is \$1,000 (Monday-Sunday).

BALLET BARN – 5885 State Farm Road (Accommodates up to 50):

The fee is \$35 per hour for a minimum of a 2 hour rental. Please contact the Parks & Recreation Office for more information about the facility if interested.

Please complete the Request for Use of Facilities Form and remit with payment to:

Guilderland Parks & Recreation
181 Route 146
Altamont, NY 12009
Ph. (518) 456-3150 Fax (518) 456-3156
meadt@togny.org and boyta@togny.org

An approved permit must accompany the person/resident responsible for the event.

THE TOWN DOES NOT ISSUE REFUNDS FOR FACILITY RENTAL CANCELLATIONS.

**TOWN OF GUILDERLAND
PARKS AND RECREATION DEPARTMENT**

www.townofguilderland.org

Peter G. Barber
Town Supervisor

Colin Gallup
Director of Parks and Recreation

REQUEST FOR USE OF FACILITIES

RESIDENT IN CHARGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FACILITY REQUESTED: LARGE PAVILION - SMALL PAVILION - CHALET - PICNIC AREA #____
POOL CABANA – WTGC PAVILION - BALLET BARN – SPECIAL EVENT (details) _____

ORGANIZATION: _____ E-MAIL: _____

DATE: _____ TIME: _____ TO: _____ PHONE #: _____

EVENT OR PURPOSE: _____ NUMBER OF PERSONS EXPECTED: _____

RENTAL FEE: \$ _____ MAKE CHECKS PAYABLE TO THE "TOWN OF GUILDERLAND." OR

Credit Card:MC/VISA# _____ Exp Date _____ CRV# _____
(CRV is the last 3 digit numbers on signature panel on back of credit card)

The resident listed below is legally responsible for any and all action of the pavilion users while they are at the Town of Guilderland Tawasentha Park facility. The undersigned resident will be held financially responsible for any and all damages to park property caused by a member of his/her group. The resident is responsible for his/her group's adherence to all permit guidelines, including those pertaining to alcohol use and the Rules and Regulations for Use of Town Parks.

The person responsible hereby acknowledges that he/she has read, understands and agrees to comply with the policies outlined below and the enclosed Rules and Regulations for Use of Town Parks. The person responsible further verifies that he/she is 21 years of age or older.

The person responsible hereby requests reservation of the Town pavilion above, for the date(s), times, and purposes shown. He/she, on behalf of organization, further agrees to hold harmless and completely indemnify the Town of Guilderland, its officers, agents, and employees, in any claim of personal injury or property damage in any way arising from use of this facility.

SIGNATURE OF PERSON IN CHARGE: _____

OFFICE USE ONLY

Payment Received: _____ Method of Payment: _____ Date Approved: _____ Approved By: _____

SPECIAL CONDITIONS FOR USE: _____

ALCOHOLIC BEVERAGE PERMIT

PERSON IN CHARGE: _____ LICENSE PLATE #: _____

MAKE OF CAR: _____ YEAR: _____

BEVERAGE: WINE: _____ BEER: _____ DATE APPROVED: _____ APPROVED BY: _____