

**TOWN OF LYSANDER PARKS & RECREATION DEPARTMENT
ATHLETIC FIELDS AND COURTS RESERVATION APPLICATION**

Sent to the Park

Date(s) Requested (Please check all that apply and list all dates or range): **M T W TH F S SU**

Hours Requested (Please list in detail): _____

Athletic Field Number(s), and/or Courts Requested (Please list in detail): _____

Name of Organization: _____

Mailing Address of Organization: _____

Web Page and/or Facebook Address of Organization: _____

Primary Representative Name and Title: _____

Phone: (C) _____ (H) _____ (W) _____

Email Address: _____

Secondary Representative Name and Title: _____

Phone: (C) _____ (H) _____ (W) _____

Email Address: _____

Description of Requested Use: _____

Approximate number of teams and participants present during each requested date: (Attach a season schedule if necessary) _____

Individual(s) Responsible On-Site for Operations: (Please list names and cellphone numbers in detail for each individual and date(s) respectively. Attach a separate list if necessary) _____

	ATHLETIC FIELDS	COURTS
Hourly	\$30.00	\$15.00
NOT-FOR-PROFIT (with certificate of proof) / NON-INCORPORATED		
Hourly	\$15.00	\$15.00
COMMUNITY ORGANIZATION (Kiwanis, Rotary, Lions, Chamber of Commerce, etc.)		
Hourly	\$15.00	\$15.00
FOR-PROFIT ORGANIZATION RETURNING FROM PREVIOUS YEAR		
Hourly	\$20.00	\$15.00

1. A Reservation Request must be submitted a minimum of 24-hours in advance of the first requested date of use.
2. A completed Athletic Fields and Courts Reservation Application must be submitted.
3. A certificate as proof of Not-For-Profit status, when applicable, must be submitted.
4. A Certificate of Liability Insurance, when applicable, must be furnished, which shall evidence the requirements of insurance including Workers' Compensation and Employers' Liability Insurance wherein the Licensee is insured and the Department of Parks and Recreation and the Town of Lysander are designated as additional insured for minimum commercial general liability insurance of \$2,000,000 per each occurrence and \$2,000,000 per general aggregate, covering the dates of usage of the Town of Lysander facility.
5. Check in with the Park Attendant upon arrival.
6. Restrooms are located adjacent to the Spray Park. Portable toilets are located adjacent to Athletic Field numbers: 1, 2, and 3, and should be the primary choice for participants still dressed in cleats.
7. The provision of equipment deemed necessary for the reserved use of the athletic fields and courts is the responsibility of the Field and Court applicant.
8. It is the responsibility of the Field and Court applicant to return the facility to its original set-up. Goals, nets, and other equipment not the property of the Town of Lysander, which is permitted to remain on property must be moved to a "hard" surface at the completion of the requested time of use on any Sunday, and Monday. When applicable, remove all food, clean off tables, remove decorations, pick up trash on the grounds and put the trash in the provided receptacles. Picnic tables moved from under a pavilion should be returned.
9. Propane grills may be brought into the park, but must be located outside the pavilions, or community room.
10. It is the responsibility of the Field and Court applicant to familiarize with, and follow ALL Lysander Park Rules & Regulations. (See attached)
11. Groups understand that they are entitled to exclusive use of the area they have reserved, but not the other park facilities, which are still open to the public.
12. Caterers must be pre-approved by the Parks and Recreation Department, obtain a 1-day Town of Lysander Vendor Permit, possess a current permit from the Onondaga County Health Department, possess a current inspection report from the New York State Department of Health, provide a Certificate of Liability Insurance naming the Town of Lysander as additionally insured.
13. Closing: check with Park Attendant for closing time – all groups must be picked up and ready to leave 30 minutes prior to the Park's closing hour.
14. Possession and consumption of all alcohol, intoxicants, tobacco, and vapor products is prohibited.
15. Water Balloons, Bounce Houses, Tents, Water Sprayers, Candles or any Open Flame, Tape, Nails, Tacks and Glass containers are PROHIBITED.
16. The Town of Lysander reserves the right to deny the use of any and all park facilities in future requests based upon problems encountered with anyone renting or invited to a park area.

Cancellation / Refund Policy / Bounced Checks

Four weeks in advance - Full refund minus **(\$15.00)** Administrative Fee.

Two weeks in advance - Half refund minus **(\$15.00)** Administrative Fee.

Under 2 weeks or for inclement weather - NO Refund.

Bounced check fee is \$20.00. A reservation will be cancelled if not paid in full prior to the date of the event.

The completed application shall be submitted along with full payment, and all applicable documents to the Town of Lysander Parks and Recreation Department; 8220 Loop Road; Baldwinsville, New York 13027. Acceptable forms of payment include check, money order, certified check, or credit card payable to the Town of Lysander. All credit card payment is charged a processing fee of 2.65% or a minimum of \$3.00 by MuniPAY. To pay with a credit card please visit or call the Parks and Recreation Department office during posted business hours Monday – Friday, or provide below the best daytime telephone number to receive a call at.

I hereby acknowledge that this application is for the dates and times indicated above and is subject to all rules and regulations of the Lysander Parks and Recreation Department. I have read, understand and agree to comply with these rules and regulations. I further verify that I am 21 years of age or older and assume responsibility for the above-named organization. I understand the Town of Lysander is providing the above-named organization with use of the designated area and that the Town reserves the right to cancel or postpone any scheduled games or to refuse use for any reason.

Group Representative's Signature & Date

Park Representative's Signature & Date

OFFICE USE ONLY

Field: \$ _____

Court: \$ _____

Additional Fees: \$ _____

Date Paid _____

Credit Transaction # _____

Check # _____

1/2022; KMM