



DEPARTMENT OF PARKS AND RECREATION  
 Village of Hastings-on-Hudson  
 914-478-2380  
 FAX: 914-478-4273  
<http://hastingsrecreation.org>

**APPLICATION FOR USE OF THE JAMES HARMON COMMUNITY CENTER**  
**MAIN ROOM**

NAME OF PERSON(S) IN CHARGE: \_\_\_\_\_  
 NAME OF ORGANIZATION: \_\_\_\_\_  
 SUPERVISOR'S ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S PHONE NUMBERS: (H): \_\_\_\_\_ (C): \_\_\_\_\_  
 SUPERVISOR'S E-MAIL ADDRESS: \_\_\_\_\_  
 TYPE OF EVENT: \_\_\_\_\_  
 NUMBER OF PEOPLE ANTICIPATED: \_\_\_\_\_  
 NUMBER OF TABLES/CHAIRS REQUESTED: \_\_\_\_\_  
 IS ADMISSION TO BE CHARGED? \_\_\_\_\_ IF SO, AMOUNT: \_\_\_\_\_

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**Rental Fees:** \$200 for up to 5 hours (including set-up and breakdown)  
 ---\$25 for each additional hour  
 \$200 cleaning deposit (mandatory)  
 \$50 technology fee (optional)

|                |                            |                      |                  |
|----------------|----------------------------|----------------------|------------------|
| Event<br>Date: | Time to<br>Enter Building: | Event<br>Start Time: | Time<br>of Exit: |
|----------------|----------------------------|----------------------|------------------|

In consideration of your accepting this reservation form, I, the undersigned, for myself, my executors, my guests, administrators and assignees, do hereby release, indemnify and discharge the Village of Hastings-on-Hudson, the Recreation Department, and any and all employees, volunteers, sponsors, organizers, and their representative and successors from all claims of damages, demands, actions and causes of action whatsoever, in any manner arising or growing out of my or my guests participation in said program.

**I attest that the participant and guest(s) are physically qualified to participate in this program, that the person renting the community center is a Hastings-on-Hudson resident and I have fully read and understand the Village of Hastings-on-Hudson rental rules and will abide by them. I further attest that there will be no alcoholic beverages served during this time period and doing so will forfeit my deposit.**

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

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**OFFICE USE ONLY:**

FEE: \_\_\_\_\_ REQUIRED DEPOSIT: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE: \_\_\_\_\_ SUPERINTENDENT SIGNATURE: \_\_\_\_\_