

# Town of Mamaroneck Recreation Department Facility Application

740 West Boston Post Road, Mamaroneck, NY 10543 • (914) 381-7865

[www.townofmamaroneck.org](http://www.townofmamaroneck.org)

This application must be submitted to the Town of Mamaroneck Recreation Department office at least two weeks (14) days prior to date (or first date) of planned usage. Applicant agrees to all facility use policies, including insurance requirements as described on reverse side of this application.

Name of Organization/Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Facility\*

- Carpino-Steffens (Hommocks) Fields       Sheldrake/Monroe Property  
 Memorial Park: 1 day event for group of 50 or more       Memorial Park: by private group for profit  
 Hommocks Pool       Hommocks Pool Party: *Required to pay Guest Fee for Non-Permit holders attending.*  
 Other \_\_\_\_\_

## Hommocks Park Ice Rink Community Room/Multi-Purpose Room\* (no rentals past 9:00 pm)

### NOT FOR PROFIT ORGANIZATION

### PRIVATE GROUPS

*(Resident based)*  
\$200.00 up to 3 hours  
\$50 / additional hour

*(Non-Resident based)*  
\$225.00 up to 3 hours  
\$50 / additional hour

*(Resident)*  
\$250.00 up to 3 hours  
\$50 / additional hour

*(Non-Resident)*  
\$275.00 up to 3 hours  
\$50 / additional hour

\*The Town reserves the right to charge an additional fee if a Town employee is required beyond normal working hours & responsibilities.

Date Requested (Day, Month/Day/Year) \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ AM / PM

Please indicate ALL additional dates requested \_\_\_\_\_

Please describe the event/program \_\_\_\_\_

Equipment required \_\_\_\_\_

If admission is charged, for what purpose are proceeds to be used? \_\_\_\_\_

Anticipated/planned total approximate attendance \_\_\_\_\_

Name of person in attendance and in charge of event/program \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

### METHOD OF PAYMENT

- CASH       CHECK Payable to: Town of Mamaroneck

**PLEASE DO NOT WRITE IN THIS SECTION**

APPROVED:  Yes  No NOTES: \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

Facility Manager \_\_\_\_\_ Superintendent of Recreation \_\_\_\_\_