

☐ **Clinton Resident (\$10)**

☐ **Out of Town (\$20)**

**Group Name/Event Type:** \_\_\_\_\_

**Number of Guests:** \_\_\_\_\_

### Event Details:

**Place:** \_\_\_\_\_ *If applicable to the facility, do you need power?:* \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

*Brief Description of Event, Please include set up location and/or any special details such as use of inflatables, musical performers, etc.:*

## REOCCURRING EVENT

Time Start: \_\_\_\_\_

Day(s): \_\_\_\_\_

**Time End:** \_\_\_\_\_ (Must include set up/clean up in time)

☒ TO CHOOSE  
DESIRED DATES

# OF MONTHS:

# OF DAYS:

**TOTAL:**

**NOTES:**

[illegible]

## CONTACT INFORMATION

**Name:** \_\_\_\_\_

**Address:**

**Phone Number:** \_\_\_\_\_ **(Text Ok?)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Alternative Contact (Name and Phone): \_\_\_\_\_

### SECURITY PAYMENT NOTES:

- **(Initial):** \_\_\_\_\_ After the party I give permission for the department to shred my deposit check if no damage occurred
- **(Initial):** \_\_\_\_\_ If the security deposit is not picked up within 60 days of the rental I agree and understand that the balance will be deposited as a donation to the department
- **(Initial):** \_\_\_\_\_ Any damages above and beyond the security deposit will be charged to the renter. If not paid the Clinton Police Department will be involved

*All Fire Department, Police Department, and Parks & Recreation, and Board of Selectman rules and regulations pertaining to the use of the Parks & Recreation building must be strictly followed. The user will be held responsible for all damage to the facility and/or equipment, furniture, etc. therein. A fee will be charged to the user if cleaning is needed after use. Children must always be supervised. User is responsible for making sure building is locked and secure after use and must work with the department to confirm these details. User also agrees to comply to the above statements of rules and regulations. The CPR reserves the right to decline any rentals requests depending on failure to comply with agreed upon policies, conflict of interest and/or nature of the event.*

**Signature**

Date \_\_\_\_\_



# REOCCURRING FACILITY RENTAL FORM

DATE: \_\_\_\_\_

## OFFICE USE ONLY

Amount Received: \_\_\_\_\_ Form of Payment: ☐ Cash ☐ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Form of Payment: ☐ Cash ☐ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Deposit Received: \_\_\_\_\_ Form of Payment: ☐ Cash ☐ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Deposit Returned: ☐ Yes ☐ No • To Whom: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## **CONDITIONS AND RESPONSIBILITIES OF RENTER**

• 560 HIGH STREET CLINTON, MA 01510 | OFFICE OPEN 9:00AM-4:00PM | 978-365-4140 •

### **DEPOSIT/RENTAL FEES**

**BOOKINGS ARE ON A FIRST COME, FIRST SERVED, BASIS AND THERE ARE NO HOLDS PRIOR TO RENTAL CONTRACT.**

We must receive all three; a signed rental form, a \$100 refundable security deposit, and 50% of the total rental fee, CLINTON PARKS AND RECREATION is unable to reserve your date without **ALL** the above. The complete balance for your rental is due the week prior to your rental date, All payments must be made via cash, check, or card with processing fees. (Checks are payable to: "Town of Clinton")

#### **Payment of \$100 Security Deposit:**

Note: Security deposit and 50% date hold fee must be in two separate payments.

- The security deposit will only be returned if **ALL** conditions are followed **and** the space is left how it was **prior** to your rental.
- If there are damages and/or an unclean space the deposit will be **kept**.
- If security deposit check is **NOT** picked up **within 30 days** we will **shred** the check.

If **cash** is **NOT** picked up within **60 days** of the rental the cash will be deposited as a donation to the department. Any bounced checks will require a **cash payment** and an **additional \$25.00 fee** will be charged.

### **SITE DECORATION**

Functions are limited to what can be hung from rafters or held in place through clamps or rubber bands. Use of nails, tacks, screws, staples, or any other item that will result in holes in the pavilion/shade structure are **PROHIBITED**. Renters must remove **ALL** decorations at the end of your reservation.

#### **The following items are NOT allowed:**

- Glitter
- Smoke Machines
- Inflatable Water Devices
- Silly String
- Commercial Tents

### **RENTAL POLICIES & RULES**

Please note all parks are open to the public so the facility will not be closed during your event, however with the rental agreement from the department you will have the ability to exclusive use of the facility/space designated for your rental and may kindly ask the public to vacate the space during your rental time. Note: a sign will be posted prior to your event, if applicable

Renter must be present during the rental and is responsible for their guests during the time of the rental. If a legal or dangerous situation occurs, please call 911 or the Clinton Police Department at 978-365-4111.

#### **ALL LOCATIONS:**

- Bonfires, BBQ Grill's (charcoal or gas), use of open flames (*candles & fireworks*) are **PROHIBITED**. NO exception.
- Any commercial tents, inflatables, etc. must be sandbagged down, nothing may be staked into ground.
  - Note: Equipment such as inflatables require a copy of liability insurance from rental company or the renter, if equipment is privately owned, **and** prior department approval.
- **TRASH POLICY** is carry in/carry out, renters are required to dispose of own garbage. Excess trash left at the end of the event will result in the renter not receiving their security deposit.
- Renters are **NOT** be allowed to drive/park on any fields.
- Any event 250+ must be approved by Clinton Parks & Recreation Commission Board.

#### **SAVAGE FIELD**

##### PAVILION

- Electricity included in rental

##### ATHLETIC FIELDS

- Renters will NOT be allowed to drag the fields. Athletic Fields are maintained by the facilities department in accordance to their maintenance schedule.
- Four-digit electronic code will be issued to renter at time of rental for the equipment shed housing the bases.

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### **CENTRAL PARK**

- Renters and their guests are NOT allowed in/on the fountain nor the monuments
- 4 granite 20amp circuit power posts available upon request in various locations

### **HAMILTON SQUARE**

- 1 power unit available upon request

### **CARLISLE PARK & PHILBIN MEMORIAL PARK**

- No power units available

## **TOWN, COUNTY, STATE FEDERAL LAWS**

- Renter agrees to comply with all applicable Town, County, State, and Federal laws and shall conduct no illegal act on the premises.
- **Renter shall not serve/sell alcohol on premises at any time; this is a dry facility.**
- Renter must adhere to the 10:00pm Town of Clinton noise ordinance

\* Most facilities are in residential areas; please be mindful of the neighbors. Since parks are public, all music played must be appropriate for all ages.

## **CANCELLATIONS**

- Renters must cancel 7 business days prior to rental date, for a full reimbursement.
- IF event is canceled within the 7 business days prior to rental, BOTH the \$100 security deposit and 50% of total rental cost, will be kept.
- IF an event is canceled by the department, an option to reschedule will be available or you will receive a full reimbursement.
- IF renter fails to pay the **FULL** balance due by the week prior to your rental date, the reservation will be lost, **AND** all prior payments paid will be kept.

**\* Please contact our office with any questions about the above rules prior to your event between 9am-4pm, 978-365-4140.**

Note: This is a copy of the rules of renting for the renter. The office will keep signed contracts and original financial statements.

### **Reminder:**

◇ **Date of Rental:** \_\_\_\_\_

◇ **Total Time of Rental:** \_\_\_\_\_

### **Payments:**

Amount Received: \_\_\_\_\_ Form of Payment: ☐ Cash ☐ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Form of Payment: ☐ Cash ☐ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Deposit Received: \_\_\_\_\_ Form of Payment: ☐ Cash ☐ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_