

CITY OF AUBURN HOOPES PARK REQUEST FORM
DEPARTMENT OF PUBLIC WORKS

24 South STREET, AUBURN, NY 13021

Telephone: (315) 255-4737

Fax: (315) 252-7688

www.auburnny.gov



Name/Organization Requesting Use of Park:

Event:

Date of Event:

Events starts at:

AM

PM

Time Event Ends:

AM

PM

Number of guest/participants expected:

- Use of Clubhouse
- Use of Area behind Clubhouse
- Use of Band Stand (Gazebo)
- Use of Electricity

A fee of \$150 per hour (minimum of one hour) will be charged for the use of the clubhouse and/or electricity. City of Auburn residents not using the clubhouse or needing any services provided by the Public Works Department will not be charged. For non-City residents, there will be a minimum charge of \$75 for the use of facilities.

Please sign this form and return to Public Works Department. If your request is approved, a copy will be returned to you as proof of your reservation and shows you are the person responsible for the facility at the date(s) and hours prescribed.

By signing below, I agree to the fee schedule listed above and understand that the fee must be paid prior to the event. I also agree to the following terms and conditions: Alcoholic beverages are not permitted. There is a two hour maximum allowed for weddings (receptions not allowed). All events must end at dusk. NO motor vehicles are to be driven within the park. This includes the lawn and paths. Hoopes Park is a "carry in/carry out" facility. All garbage, personal items and decorations must be collected at conclusion of event. All decorations require prior approval. Confetti and confetti-like products are prohibited. The park and clubhouse will be left in the same condition as it was upon arrival. Tents are not permitted on premises. Food trucks are prohibited from setting up within the park. There will be designated parking on the east side of Herman Avenue for food trucks.

Organization requesting use of Hoopes Park must present valid certificate of insurance to the City of Auburn with the required Insurance coverages and a signed hold harmless agreement. See the separate Hold Harmless and insurance requirements form.

Name

Address

City

State

Zip Code

Telephone

Signed By

Date Submitted

For Office Use Only

Approved by: _____ Date Approved: _____
 Amt. Due: _____ Amt. Paid _____ Date Pd. _____ Receipt #: _____
 Deposit: _____ Dep. Due _____ Date Pd. _____ Receipt #: _____