

PITTSFORD RECREATION DEPARTMENT  
PO BOX 10, 426 PLAINS ROAD  
PITTSFORD, VT 05763  
CONTACT THE PITTSFORD RECREATION DIRECTOR, 802-483-6500ext.17  
[Recreation@pittsfordvermont.com](mailto:Recreation@pittsfordvermont.com)  
2019  
PITTSFORD RECREATION AREA &  
PAVILION RENTAL AGREEMENT

Contact or Group Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**RESERVATION DATE:** \_\_\_\_\_

Approximate Times of the Event: Start: \_\_\_\_\_ End: \_\_\_\_\_

Number of people in your party: \_\_\_\_\_

General Information:

- ~ Recreation Area is open daily 10:00 am – 8:00 pm
- ~ Obey all Rules and Regulations of the Recreation Area
- ~ **PLEASE PUT ALL TRASH IN ITS PROPER PLACE**

**RELEASE:** I understand that there are risks of physical injury inherent at the Pittsford Recreation Area. I hereby release the Town of Pittsford, its employees, and agents from any liability of personal injury, or the loss or damage to personal property. The Recreation Department does not provide accident or hospitalization insurance. All participants are to have adequate personal coverage.

Contact or Group Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reservations are taken up to 12 months in advance. Fees must be paid within 24 hours of reservation booking. Refund Policy: Cancellations from 1 to 11 months 25% withheld; 1 month or less no refund.**

*\*Please read the Town of Pittsford's Alcohol Consumption policy below and sign to acknowledge that you understand and will adhere to this policy.*

**ALCOHOL CONSUMPTION on**  
**TOWN PROPERTY POLICY**

At their regular meeting of the Pittsford Selectmen on March 24, 2004, the Select Board approved the following policy in reference to alcohol consumption on Town Property.

The Select Board approved that in order for rental parties to serve alcohol they must have a caterer on site that holds a valid VT liquor license. In addition, said parties are required to hire a constable or special officer to be on duty during the event.

Contact or Group Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please read the Town of Pittsford's Alcohol Consumption policy below and sign to acknowledge that you understand and will adhere to this policy*

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