



TOWN OF RIGA

6460 Buffalo Rd.
 Churchville, NY 14428
 585-293-3880
www.townofriga.com

LODGE
 RESERVATION
 FORM

<p>PLEASE READ BEFORE COMPLETING FORM:</p> <ul style="list-style-type: none"> . Payment must be made at time of reservation using cash, check, money order or credit card. . Facilities cannot be reserved until payment is made. . All information is required. Please read thoroughly and write legibly. . Name and information on form must match the signature of person applying for use. This person will be held responsible for any damages incurred during use. <div style="background-color: yellow; padding: 5px; margin-top: 10px;"> <p>* \$100 refundable deposit must be submitted at time of key pickup. * Key pickup is the day before your rental <u>or</u> FRIDAY if your rental is on a weekend, at the Town Clerk's window. Office hours: Mon-Fri 9-4, closed Holidays and weekends.</p> </div>	<p>Date of Event: _____ 20 _____</p> <p>Facility Renting: MAHER BUFFALO RD COBBLESTONE MULTI-PURPOSE ROOM</p> <p>Time of Arrival: _____ am/pm <i>Not before 10:00 am for all Lodges</i></p> <p>Estimated Time of Departure: _____ am/pm <i>By 10:00 pm for all Lodges</i></p> <p>Purpose: _____</p> <p>Estimated # of attendees: _____</p>
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Cancellation/Refund Policy

To cancel your reservation, submit your request in writing via letter or email to townclerk@townofriga.org. Please include your reservation date, name, address and phone number and reason for cancellation. Cancellations made more than 30 days from date of event will receive refund less 50% of reservation fee. Refunds, if issued, will be in the form of a Town of Riga check made payable to the person who made the reservation. Credit card accounts cannot be credited directly.

*** If cancellation is less than 30 days, there are no refunds, no exceptions.**

<u>Name of Individual/Group/Organization</u>		
PRINT		
First Name _____ Last Name _____		
Group Name _____		
*The information in this section must match the signature on the form. Persons in this section will be responsible for any damages/incidents that occur at the facility.		
Address, City, State, Zip		
Home Phone	Work Phone	Cell Phone
Riga Resident	Yes	No
Email Address		

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Deposit

A refundable deposit of \$100.00 should be made when you pick up your key for your event. Cash or personal checks are welcome. Upon satisfactory condition of your rental (cleanliness, no damage, etc.) the deposit will be returned to you.

Cash deposits must be picked up by renter only.

No keys to facilities will be issued unless deposit is made.

Use of Key

Though issued a key to the facility, you are not permitted to enter the facility until the day and time of your rental as indicated on your form. Early entry may forfeit your deposit.

In making this park reservation, I agree to comply with the stated conditions and regulations with regard to alcohol use and consumption. I assume the responsibility for any and all injuries and damages arising from or in connection with the use of the facility including consumption of alcohol. I will defend and indemnify the Town of Riga from any and all claims, lawsuits, damages and costs. This includes attorney's fees, arising from or in connection with the use of the facility including but not limited to the consumption of alcoholic beverages.

NOTE: Town of Riga reserves the right to refuse rental of facilities to violators of the above rules and regulations.

I have been provided the park rules and regulations, have read and understand them, and agree to comply with stated rules and regulations. Applicant assumes liability and agrees to pay any and all reasonable damages to Town property occasioned by the use of said facility. Applicant agrees to indemnify and hold harmless the Town and agrees to pay any and all damage which the Town may incur, including attorney's fees, by reason of applicant's use of said facility. Applicant agrees to release the Town from any and all claims which may arise by reason of said occupancy. Applicant agrees to provide Town with insurance coverage under terms required by Town.

Signature _____ **Date** _____

OFFICE USE ONLY

PAID: \$ _____ Method: CASH CHECK CC DATE: _____ INITIALS: _____