

CCSHS

Applications are accepted from
January 6, 2017 through January 20, 2017

(Spring Season: March 1, 2017 – June 30, 2017 – Requests beyond this period will not be considered)

Please be advised, while we welcome all applications, priority consideration for reserved time will be given to non-profit youth programs that serve the downtown community

2017 Community Center Permit Application

APPLICANT/ORGANIZATION INFORMATION

| | | |
|--|--|---|
| Name of company/organization | | Type of Organization <input type="checkbox"/> School <input type="checkbox"/> Non-Profit / Government <input type="checkbox"/> For-Profit or entity not mentioned above |
| Name of Applicant | | |
| Phone/Cell: | | |
| E-mail | | |
| Registered company address City, State ZIP Code | | |

PERMIT & PARTICIPANT INFORMATION

| | | |
|---|---|---|
| Facility: <input type="checkbox"/> Gymnasium (Full or Half) <input type="checkbox"/> Dance Studio <input type="checkbox"/> Pool (Number of lanes __) <input type="checkbox"/> Cafeteria | Does the organization provide any other services for participants? _____ | Sport/Activities: <input type="checkbox"/> Basketball <input type="checkbox"/> Workout <input type="checkbox"/> Volley Ball <input type="checkbox"/> Rehearsal <input type="checkbox"/> Football <input type="checkbox"/> Other: <input type="checkbox"/> Badminton _____ _____ |
| Do participants in your organization pay a fee to participate: <input type="checkbox"/> Yes <input type="checkbox"/> No | Total number of participants: _____ | |
| Age of Participants: <input type="checkbox"/> 10 & under <input type="checkbox"/> 11-14 <input type="checkbox"/> 15-17 <input type="checkbox"/> 18 & Over | | |

DATE(S)/TIMES BEING REQUESTED

(Please provide a complete list of dates in sequential order with start and end times. Attach additional pages if necessary)

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| |
| Total Number of Dates Being Requested: _____ |
| Total Number of Hours Being Requested: _____ |

REQUIREMENTS

1. Only completed applications will be considered. Please submit to: **CommunityCenter@bpcparks.org**
2. All payments must be received 15 days from the date of the invoice.
3. Permits are issued only if facilities are available and all paper work is complete.
4. **Non-Profit organizations must submit a 501c3 certificate.**
5. **A certificate of liability is required for every permit issued.**
6. Please note that submitting an application does not guarantee a permit. Requests will be reviewed and applicants will be contacted to confirm what dates and times, if any will be permitted. **No fee is required to submit this application but a separate permit fee may apply.** If a permit is granted, you and all participants must follow BPCA Community Center rules and regulations.

CCSHS



SIGNATURE

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

POLICY

- Battery Park City Authority / Battery Park City Parks reserves the right to use its discretion and close facilities or cancel permits without notice.
- The Permittee, at their expense and for the term of the permit, shall furnish and show evidence of General Liability Insurance coverage in the amount not less than \$2 million (combined property damage and/or bodily injury including death) single limit per occurrence. Commercial General Liability Insurance, maintained with an insurance carrier authorized to do business in New York, shall name the Battery Park City Parks, Battery Park City Parks Authority, the City of New York, and each of the commissioners, officers, agents, employees, successors, and assigns as additional insured's there under.
- The Permittee is liable for all damage or injury to property or persons that may occur or be caused by the use of the permit, and by accepting the permit the Permittee agrees to hold harmless Battery Park City Parks Corporation, Battery Park City Authority, the State of New York, the city of New York, their officers, directors, employees, agents, successors, and assigns from any claim from any claim whatsoever which may result from such use.

PERMIT PRICES

| <u>Private</u> (For-profit organization or other entity nongovernmental or education based) | <u>Non-Profit</u> |
|---|---|
| <ul style="list-style-type: none">• Swimming Pool: Per Lane - \$100 per hour• Dance Studio or Cafeteria - \$100 per hour• Basketball Gym - \$200 per hour | <ul style="list-style-type: none">• Swimming Pool: Per Lane - \$50 per hour• Dance Studio or Cafeteria - \$25 per two hours• Basketball Gym - \$100 |

SIGNATURE OF APPLICANT

| | |
|--|-------|
| | Date: |
|--|-------|