

AMOUNT PAID _____

RECEIPT # _____

DATE PAID _____

TOWN OF ALLEGANY
SENIOR CENTER/RECREATION CENTER
RESERVATION

ORGANIZATION OR GROUP APPLICATION FOR USE

LIST TITLE OF ORGANIZATION THAT WILL BE USING THIS FACILITY

SENIOR CENTER _____

RECREATION CENTER _____

SINGLE DAY USE REQUEST: DATE: _____ DAY OF WEEK: _____

MULTIPLE DAYS USE REQUEST: DATES: _____ DAYS OF WEEK: _____

TIME PERIOD FROM: _____ TO: _____ (WHOLE HOUR TIME SCHEDULE)

ESTIMATED NUMBER OF PARTICIPANTS: _____

LIST ALL PERSONS IN CHARGE OF YOUR GROUP ACTIVITIES:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE # (HOME / WORK/CELL)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNED AGREEMENT:

I HEREBY AGREE TO HAVE THE SAID ORGANIZATION REPAIR OR REPLACE ANY DAMAGES INCURRED BY THE PERSONS OF THIS ORGANIZATION. FURTHERMORE, THE ORGANIZATION IS EXPECTED TO CLEAN THE FACILITY(S) AFTER USAGE. THE TOWN OF ALLEGANY RECREATION AND PARKS DEPARTMENT HAS THE RIGHT TO CANCEL, POSTPONE OR RESCHEDULE THIS REQUEST AT ANY TIME. IF IN THE JUDGMENT OF THE TOWN OF ALLEGANY PERSONNEL THE FACILITY(S) ARE BEING MISUSED, THE USAGE MAY BE TERMINATED AT ANY TIME.

ON BEHALF OF _____(ORGANIZATION) WE HEREBY, UNCONDITIONALLY AGREE TO ABIDE BY THESE TERMS AS ESTABLISHED BY THE TOWN OF ALLEGANY. THE SIGNATURES BELOW VERIFY THAT THE RESPONSIBLE PERSON(S) IN CHARGE UNDERSTAND(S) AND AGREE TO ABIDE BY THESE CONDITIONS ON BEHALF OF THE ORGANIZATION THEY ARE REPRESENTING.

CLOSING TIME: ALL EVENTS MUST END NO LATER THAN 9:15 PM.

SIGNATURES OF ALL ORGANIZATIONAL REPRESENTATIVES:

<u>NAME</u>	<u>DATE</u>
_____	_____
_____	_____
_____	_____
_____	_____

SENIOR CENTER FEES: Three hours or less block of time.
Weeknights (Tuesday – Friday) 6:00 – 9:00 p.m. Saturdays – Three hours or less time period.

Allegany Residents (50% or more)		Non-Residents (50% or more)	
A. 1 – 50 people	\$15.00	A. 1 – 50 people	\$25.00
B. 51– 100 people	\$20.00	B. 51 – 100 people	\$35.00

RECREATION CENTER FEES:
Three hours or less block of time (when available)
Monday – Saturday
\$10 per hour

PLEASE MAKE CHECKS PAYABLE TO “TOWN OF ALLEGANY”. IF YOU PAY BY CASH, PLEASE HAVE THE CORRECT AMOUNT.

THANK YOU.
