

TOWN OF ALLEGANY  
**OLD HIGH SCHOOL GYMNASIUM**  
RESERVATION

ORGANIZATION OR GROUP APPLICATION FOR USE

LIST TITLE OF ORGANIZATION THAT WILL BE USING THIS FACILITY

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USE OF GYMNASIUM	_____
LOCKER ROOMS/SHOWERS	_____

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)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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 NY THE TOWN OF ALLEGANY. THE SIGNATURES BELOW VERIFY THAT THE RESPONSIBLE PERSON(S) IN CHARGE UNDERSTAND 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:

NAME

DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GYMNASIUM FEES:

\$20.00 PER HOUR

\$35.00 PER HOUR WITH THE USE OF THE SHOWER/LOCKER ROOM AREA

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

THANK YOU.

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