

TOWN OF ALLEGANY

FOURTH & MAPLE GYM RENTAL

Day/Dates requested: _____ Time of use: From: _____ To: _____

Purpose of gym use: _____ Number of participants _____

LIST ALL PERSONS IN CHARGE OF YOUR GROUP:

NAME	ADDRESS	PHONE

Party times available:

- Saturdays and Sundays 1:00 - 3:00 pm & 4:00 - 6:00 pm
- Other times available upon request
- **Fee: \$40 per hour**
- PLEASE MAKE CHECKS PAYABLE TO:
Town of Allegany
52 West Main Street
Allegany, NY 14706
(716) 307-2940

SIGNED AGREEMENT:

(I/We) hereby agree to repair or replace any damages incurred during the use of the gym. Furthermore, (I/We) are expected to clean the facility after use. The Allegany Recreation 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 is being misused, the use may be terminated at any time.

(I/We) unconditionally agree to abide by these terms as established by the Town of Allegany. The signature below verifies that the responsible person(s) in charge understands and agrees to abide by these conditions on behalf of those using the gym.

Name _____ Date _____

Name _____ Date _____