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 REQ	UEST:	DATE:	DAY OF WEEK:	
MULTIPLE DAYS USE	REQUEST:	DATES:	DAYS OF WEEK:	
TIME PE  ESTIMATED NUMBER OF  LIST ALL PERSONS IN CHA	PARTICIPAN'	TS:		
NAME ADDRESS		PHONE # (HOME / WORK/CEI	<u>LL)</u>	
*******	******	******	**************	*****

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SIGNED AGREEMENT:	
I HEREBY AGREE TO HAVE THE SAID OR DAMAGES INCURRED BY THE PERSONS OF THIS ORGANIZATION IS EXPECTED TO CLEAN THE F. ALLEGANY RECREATION AND PARKS DEPARTM POSTPONE OR RESCHEDULE THIS REQUEST AT TOWN OF ALLEGANY PERSONNEL THE FACILIT MAY BE TERMINATED AT ANY TIME.	S ORGANIZATION. FURTHERMORE, THE ACILITY(S) AFTER USAGE. THE TOWN OF MENT HAS THE RIGHT TO CANCEL, ANY TIME. IF IN THE JUDGMENT OF THE
ON BEHALF OF	E BY THESE TERMS AS ESTABLISHED BY SELOW VERIFY THAT THE RESPONSIBLE GREE TO ABIDE BY THESE CONDITIONS
CLOSING TIME: ALL EVENTS MUST END NO I	ATER THAN 9:15 PM.
SIGNATURES OF ALL ORGANIZATIONAL REPRE	SENTATIVES:
NAME	<u>DATE</u>
<b>SENIOR CENTER FEES:</b> Three hours or less bloc Weeknights (Tuesday – Friday) 6:00 – 9:00 p.m.	
Allegany Residents (50% or more) A. 1 – 50 people \$15.00 B. 51–100 people \$20.00	Non-Residents (50% or more) A. 1 – 50 people \$25.00 B. 51 – 100 people \$35.00
RECREATION CENTER FEES: Three hours or less block of time (when available) Monday – Saturday \$20 per hour	
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THAN	IK YOU.