VILLAGE OF CELORON
21 BOULEVARD AVE
PO BOX 577
CELORON, NY 14720-0577
(716) 487-4175

APPLICATION FOR THE RESERVED USE OF COMMUNITY CENTER

TODAY'S DATE: _____ DATE(S) REQUESTED: _____
(May not be more than a year in advance.)

INFORMATION ABOUT YOUR GROUP

NAME OF ORGANIZATION OR INDIVIDUAL: _____

TIME: 8:00 A.M. TO 10:00 P.M. SUPERVISOR IN CHARGE_____

MAILING ADDRESS: _____

TELEPHONE (DAY)_____(NIGHT)_____

CHECK ONE ------ RESIDENT ------ NON-RESIDENT ------ NOT FOR PROFIT

INFORMATION ABOUT YOUR INTENDED USE OF MUNICIPAL FACILITIES

PURPOSE OF USE:

_____

_____

TOTAL PARTICIPANTS EXPECTED: _____ ADULTS_____ CHILDREN_____

IS MATERIAL OR EQUIPMENT REQUIRED FROM MUNICIPALITY? YES_____ NO_____

IF NEEDED, STATE WHAT TYPES AND FOR WHAT PURPOSE: _____

_____

IS AN ADMISSION FEE CHARGED? YES_____ NO_____

IF SO, WHAT WILL PROCEEDS BE USED FOR? _____

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/She agrees to be responsible to the municipality for the use and care of the facilities. He/She, on behalf of _____does hereby covenant and
(Name of Organization)
agree to defend, indemnify and hold harmless the Municipality from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Municipality's property, facilities and/or services by

_____.
(Name of Organization)

_____
(Signature of Organization's Representative)

Address: _____ Phone: _____

READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

VILLAGE OF CELORON
21 BOULEVARD AVENUE, P.O. Box 577
CELORON, NY 14720-0577