



**COMMUNITY CENTER  
RENTAL APPLICATION**

**Date of Application:** \_\_\_\_\_

**Name of Renter/ Organization:** \_\_\_\_\_

(Please specify the type of organization, i.e. non-profit, business, etc.) **\*\*Please note— you must be a resident of Seven Fields\*\***

**Contact Person's Name:** \_\_\_\_\_

(If different than above)

**Contact's Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Rates: \$100 first two hours; \$25 each additional hour. Non-Profit Rates: \$15.00 first two hours; \$10.00 each additional hour \*TIME MUST INCLUDE SETUP, FUNCTION AND CLEAN-UP. NO ALCOHOL PERMITTED. For Friday, Saturday and Sunday rentals, the key may be picked up as early as the Wednesday before the event. However, if the key is not picked up by Friday at 5:00 p.m., the Borough is not responsible for your admission to the Community Center.**

**Date Requested For Use:** \_\_\_\_\_ **\*Time - From:** \_\_\_\_:\_\_\_\_ **To:** \_\_\_\_:\_\_\_\_

**Total Number of Hours:** \_\_\_\_\_ **Applicable Rental Fee: \$** \_\_\_\_\_

**Number of People:** \_\_\_\_\_ **Applicable Deposit Fee: \$** \_\_\_\_\_

**Purpose:** \_\_\_\_\_  
 (Please indicate if this event is a ***SURPRISE***, so that we may carefully word phone messages if they become necessary)

I, \_\_\_\_\_, the above mentioned responsible party do hereby request the use of the Seven Fields Community Center for the above stated purpose. I have received, read and understand the rules (Ordinance #55) that govern the use of this facility and agree that they will be abided. I understand that the facility will be inspected after use and that I will be responsible for any damages. In consideration of being permitted to rent the Community Center, I do hereby remise release and forever discharge Seven Fields Borough, its employees and all those persons involved in organizing and maintaining the facility from all claims, loss, damage actions, causes of actions or suits as long or in equity of whatsoever kind of nature, arising out of the rental of the Community Center.

\_\_\_\_\_  
Contact Person's Signature

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

Rental Fee Received: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Check # \_\_\_\_\_

Deposit Received: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Check # \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ By: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Date: \_\_\_\_\_