



**COMMUNITY CENTER
NON-RESIDENT RENTAL APPLICATION**

Date of Application: _____

Name of Renter/ Organization: _____

Contact Person's Name: _____ **Email:** _____
(If different than above)

Contact's Address: _____ **Phone:** _____

Rates: \$90 an hour weekdays; \$100 an hour weekends (Friday after 4 pm, Saturday & Sunday)
2 hour minimum - \$200 security deposit required

***TIME MUST INCLUDE SETUP, FUNCTION AND CLEAN-UP.**

The Community Center door will be programmed to unlock for your event automatically. The door will be programmed to lock again at the time your event is scheduled to end. All residents are warned not to stay in the Community Center longer than the allotted time.

Date Requested For Use: _____ ***Time - From:** ____ : ____ **To** ____ : ____

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

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

Purpose: _____

Indicate if the event is a *SURPRISE*, so that we may carefully word phone messages if they become necessary.

Alcoholic Beverages Requested **Yes**** **No**

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 #91) 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*******

Deposit Received: \$ _____ Date Received: _____ Check# _____
Rental Fee Received: \$ _____ Date Received: _____ Check#/Cash/CC _____

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

Municipal Alcohol Permit Required: _____ Yes _____ No

Alcohol Permit Fee Received: \$ _____ Date Received: _____ Check#/Cash/CC _____

Special Event Insurance (copy of declarations page) Date Received: _____