



**COMMUNITY CENTER
RENTAL APPLICATION-Non Profit**

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: _____ **Email:** _____

(If different than above)

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

Rates: \$65.00 hour (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**
**If Yes, the Municipal Alcohol Permit & Special Event Insurance IS REQUIRED.

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: _____			