

# Town of Allegany 4<sup>th</sup> & Maple Gym Rental

Town of Allegany	Amount Paid _____
4 <sup>th</sup> and Maple Gym	Date Paid _____
Recreation Center	Receipt # _____

Organization/Group: \_\_\_\_\_

Purpose of Gym Use: \_\_\_\_\_

Single Date Request: \_\_\_\_\_

Multiple Days Request: \_\_\_\_\_

Time of Day; \_\_\_\_\_ to \_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_

Fee \$65.00 per hour. All gym rentals will have staff supervision.

List Person(s) in charge of your group activities

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

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Please make Checks Payable to: Town of Allegany

Address: Town of Allegany, 52 W. Main St. Allegany, NY 14706

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Birthday Party Days and Times Available:

- ☞ Saturdays and Sunday
- ☞ Times Available 1pm-3pm or 4pm-6pm
  - Longer parties are available upon request
- ☞ Parties cannot start earlier than Noon and can end no later the 8pm

## SINGED AGREEMENT:

I hereby agree to have the said Organization/Group and or Person

☞ \_\_\_\_\_ (Initial) Repair or replace any damages/equipment incurred by the persons of this Organization/Group/Person.

☞ \_\_\_\_\_ (Initial) Organization/Group/Person is expected to clean the facility after usage.

☞ \_\_\_\_\_ (Initial) Remain in the gym for the duration of event \*the hallways are to remain empty unless used to enter or exit the building or if using the restroom

☞ \_\_\_\_\_ (Initial) No food or drinks in the equipment or roller-skate closets

☞ \_\_\_\_\_ (Initial) No quests in Staff Only rooms (Skating Room/Staff only closet). Staff will hand out and return skates

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The Allegany Recreation Department has the right to cancel, postpone or reschedule this request at any time. If in the judgment of the Town of Allegany personnel facility is being misused, the usage may be terminated at any time.

On behalf of \_\_\_\_\_ (Organization/Group/Person) we(I) hereby, unconditionally agree to abide by these terms as established by the Town of Allegany. This signature below verifies that the responsible person in charge understand and agree to abide by these conditions on behalf of who they represent.

Name (Printed):

Signature:

Date:

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