

**CASCO COMMUNITY CENTER
USE OF FACILITIES
APPLICATION FORM**

1. **Date of Application:** _____ (*Must be two weeks prior to date of use*)

2. **Organization/Group:** _____

a. Person Responsible: _____

b. Address: _____

c. Telephone Number: _____

d. E mail address: _____

3. **Area Requested: (Circle)**

Gymnasium Large Meeting Room Small Meeting Room Kitchen

4. **Description of Use:**

a. *Be specific* _____

b. *Date/time(s)*

Date: _____ Start Time: _____ End Time: _____

Date: _____ Start Time: _____ End Time: _____

Date: _____ Start Time: _____ End Time: _____

c. *Number of people involved:*

Participants: _____ Spectators: _____

d.. *Special equipment/services requested: (chairs, tables, special set up etc.)*

e. *Is insurance certificate provided?* Yes _____ No _____

Attach copy

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3. Admission Charge or other fees:

Yes _____ No _____

If yes, explain: _____

REQUEST WILL NOT BE CONSIDERED WITHOUT APPLICANTS SIGNATURE!

I represent the above-named organization/group and take responsibility for the activities and participants as described. I have read and understand the attached Casco Community Center Use of Facilities policy and agree to comply with its terms and the provisions stated above.

Applicant's Signature

Date

6. TO BE COMPLETED BY FACILITIES DIRECTOR:

Estimated Charges:

CUSTODIAL:

SPACE:

OTHER:

KEY# _____

RETURNED KEY (Date) _____

DEPOSIT _____ **CHECK #** _____

Comments/Requirements: _____

8. FINAL APPROVAL:

FACILITIES DIRECTORS SIGNATURE:

DATE