

**Town of Greenfield**  
FOUNDED 1793



**Town Hall**  
P.O. Box 10  
Greenfield Center, NY 12833  
Phone (518) 893-7432  
Fax (518) 893-2460

**COMMUNITY CENTER ROOM USE APPLICATION**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Number of people expected to attend the function: \_\_\_\_\_

Is your group insured? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date and time room is needed: Date: \_\_\_\_\_ Time: \_\_\_\_\_

What special facilities do you require?

Main Hall: \_\_\_\_\_

Round Tables: \_\_\_\_\_ Number: \_\_\_\_\_

Long Tables: \_\_\_\_\_ Number: \_\_\_\_\_

Chairs: \_\_\_\_\_ Number: \_\_\_\_\_

We, the undersigned, agree that upon approval of this application, to obey the following rules and regulations:

1. We agree to leave the Community Center and its surrounding areas as we found them when we arrived.
2. Children will be supervised at all times.
3. We will only use the areas assigned to us.
4. Any damage done to the building and its surroundings while we are using the facilities will be our responsibility and will be corrected by our organization.
5. We will supply our own refreshments and any other supplies needed.
6. All trash will be picked up before leaving and placed in dumpster behind the building.
7. Be sure that all lights are turned off.

Also, we hereby certify that membership in the above named organization will not be restricted because of race, creed, color, sex or national origin. We have read and agree to the above rules and regulations.

**Agreement**

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she on behalf of \_\_\_\_\_

\_\_\_\_\_ does hereby covenant and agree to defend, indemnify and hold harmless the Town of Greenfield from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Town of Greenfield's property or facilities.

\_\_\_\_\_  
Signature of Organization's Representative

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Printed Name

**\*\*For Board Approval\*\***

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

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TO: ALL RESIDENTS USING THE COMMUNITY CENTER  
FROM: DANIEL PEMRICK, SUPERVISOR

**PLEASE** be sure to abide by the following rules:

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