

COVENTRY COMMUNITY CENTER COMPLIMENTARY USE AGREEMENT

Contact Person: _____

Group Name: _____

E-mail: _____

Home Address: _____

Phone (home): _____ (work): _____ (cell): _____

Single Use: Date/s facility needed: _____ Time: _____

Recurring Use: Please indicate days and times requested for use.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

First date of use: _____

Last Day of Use: _____

Purpose: _____

Expected number of people: _____ (not to exceed maximum building capacity of 120 people)

By signing you are agreeing to the following:

- Adherence to all of the rules and regulations of the Town of Coventry Building Use Policy as well as all State and Federal regulations.
- You will ensure there is a legal adult on the premises at all times.
- By signing you are taking responsibility for the facility use during the times indicated including all associated damages.

Signed _____

Date _____

_____ Initial here to acknowledge that you have received, read and understood all of the rules and regulations outlined in the *Community Center Building Use Policy* from the Town of Coventry.

For office use only:

Approved by: _____

Date _____

For questions please call the Town Administrator
Amanda Carlson
(802) 754 2266 / (802) 673 0127 or selectboardclerk@coventryvt.org
Or a member of the Select Board:
Michael Marcotte: 334-6302 Bradley Maxwell: 522-5582
Scott Morley: 754-9639