Application for Community Center Use

|  |
| --- |
| **Organization Name (exact title)** |
|       |
| **Type of Organization****[ ]  Business** **[ ]  Community Group** **[ ]  Individual** **[ ]  Non-Profit** **[ ] Other (please define)**  |
|       |
| **Primary Contact Name** |
|       |
| **Address** |
|       |
| **Email Address** |
|       |
| **Phone** | **Cell Phone** |
|       |       |
| **Alternate Contact** |
|       |
| **Address of Alternate** |
|       |
| **Email Address of Alternate** |
|       |
| **Phone of Alternate** | **Cell Phone of Alternate** |
|       |       |
| **Title of Event** |
|       |
| **Type of Event****[ ]  Meeting** **[ ]  Social** **[ ]  Commercial** **[ ]  Fundraising** **[ ]  Other (please define)** |
|       |
| **Please provide a brief description of your event.** |
|       |

Page 1 of 2

|  |  |
| --- | --- |
| **Requested Date** | **Requested Time** |
|       |       |
| **Requested Rooms****[ ]  Community Center (Large Room)** **[ ]  Kitchen** **[ ]  Other (please define)** |
|       |
| **The organization/individual applying for permission to use the Community Center, through its authorized and named representative, agrees to abide by the policies and regulations of the Community Center in regard to such use. Doors to the Community Center must remain unlocked during all programs and events.****I have received, read and fully understand the Eden Park Community Center Policies, and I agree to abide by these policies and regulations.** |
| **Applicant Name** |       |
| **Organization Name** |       |
| **Applicant Signature** |  | Date |  |
|  |
| **BELOW TO BE COMPLETED BY PARK MANAGER** |
| **Application Approved by** |
|       |
| **Deposit Amount** | **Received By and Date** | **Event Fee** | **Received By and Date** |
| **$**       |       | **$**       |       |
| **Pre–Event Walkthrough By** | **Date** |
|       |       |
| **Note any Damage prior to event** |
|       |
| **I have reviewed the physical condition of the Community Center and have noted any damage above.** |
| **Applicant Signature** |  | **Date** |  |
|  |
| **Post Event Walkthrough By** | **Date** |
|       |       |
| **Note any Damage following event** |
|       |
| **Deposit or Fees Refunded** | **By** | **Date** |
| **$**       |       |       |

Page 2 of 2