

VILLAGE OF CELORON  
21 BOULEVARD AVE  
PO BOX 577  
CELORON, NY 14720-0577  
(716) 487-4175

APPLICATION FOR THE RESERVED USE OF COMMUNITY CENTER

TODAY'S DATE: \_\_\_\_\_ DATE(S) REQUESTED: \_\_\_\_\_

INFORMATION ABOUT YOUR GROUP

NAME OF ORGANIZATION OR INDIVIDUAL: \_\_\_\_\_

TIME: \_\_\_\_\_ TO \_\_\_\_\_. SUPERVISOR IN CHARGE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_

CHECK ONE    ----- RESIDENT            ----- NON-RESIDENT            ----- NOT FOR PROFIT

INFORMATION ABOUT YOUR INTENDED USE OF MUNICIPAL FACILITIES

PURPOSE OF USE:

\_\_\_\_\_  
\_\_\_\_\_

TOTAL PARTICIPANTS EXPECTED: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

IS MATERIAL OR EQUIPMENT REQUIRED FROM MUNICIPALITY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NEEDED, STATE WHAT TYPES AND FOR WHAT PURPOSE: \_\_\_\_\_

\_\_\_\_\_

IS AN ADMISSION FEE CHARGED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, WHAT WILL PROCEEDS BE USED FOR? \_\_\_\_\_

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

(Name of Organization)

agree to defend, indemnify and hold harmless the Municipality from and against any and all liability, loss, damages, claims, or actions (including costs and attorney 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 Municipality's property, facilities and/or services by

\_\_\_\_\_  
(Name of Organization)

(Signature of Organization's Representative)

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

READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

VILLAGE OF CELORON  
21 BOULEVARD AVENUE, P.O. Box 577  
CELORON, NY 14720-0577