

Johnson City Senior Center
30 Brocton Street Johnson City, NY 13790
607-797-3145 Phone
607-729-8437 Fax

BUILDING USE REQUEST

Contact Person _____ Phone _____

Address _____

Agency/Group _____ Phone _____

Address _____

Type of Agency: _____

Date(s) Requested: _____ Number of people _____

of Hours: _____ Time of day _____

Rental must include prep and clean up time

Type of Activity: _____

Room(s) Needed: ___ Dining Room ___ Craft Room ___ Health Area ___ Other

Other Services Needed:	_____ Coffee Pots, # _____
_____ TV	_____ DVD player
_____ Mic/PA System	_____ Projection screen
_____ Furniture moves	_____ Other _____

Plans for Refreshments: _____

Plans for set-up _____

Length of time for clean-up time needed: _____ hrs.

Plans for clean-up: _____

_____ **\$50/\$100 Security deposit required. Refundable pertaining to inspection at close of event.**

_____ Certificate of Insurance enclosed with application.

We agree to be responsible and to hold harmless the Johnson City Senior Corporation for any loss of articles, damages, accidents, and/or injuries to person or property occurring at the Corporation during the time we are using the premises.

Authorized Signature/Title

Date

BUILDING USE POLICY

1. No alcoholic beverages are allowed in the building without the requisite documentation provided to the Executive Director at least two days prior to the rental date. No narcotics or tobacco of any kind are allowed in the building.
2. All outside groups using the premises must submit a Certificate of Insurance to the Executive Director.
3. Any political use of the building must be approved by the Executive Director, according to our by-laws.
4. **The group using the building shall be responsible to leave the building neat and clean and in order when finished.**

=====For Office Use Only=====

Date received: _____

Decision: **Approved** / Denied

Date: _____

Fees/Donations: _____ paid _____

Center Staff to be present during activity: _____ Phone: _____

Comments after activity; _____
