

JOHN PETTIBONE COMMUNITY CENTER  
REQUEST FOR USE

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

Responsible Party: \_\_\_\_\_

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

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

Is your group/organization not for profit and New Milford based? Yes \_\_\_\_\_ No \_\_\_\_\_

Day/Date(s) Requested: \_\_\_\_\_

Time(s) Requested: \_\_\_\_\_

Describe Activity: \_\_\_\_\_

Estimated Attendance \_\_\_\_\_

Area Requested:

Cafeteria \_\_\_\_\_ Small Meeting Room \_\_\_\_\_

I, \_\_\_\_\_, have read the John Pettibone Community Rules and agree to abide by the terms contained therein. I acknowledge that it is my responsibility to pay for any damages incurred above the hold/damage/cleaning deposit due to use of the building. I also acknowledge that it is my responsibility to clean the rented portion of the building immediately after use.

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

The Town of New Milford reserves the right to refuse use of the Community Center in its sole discretion.

For Office Use Only

Insurance Received: Date \_\_\_\_\_ Staff \_\_\_\_\_

Rental Fee per Date \_\_\_\_\_ x # of Dates \_\_\_\_\_ Total Rental Fee: \_\_\_\_\_

Payment Received: Check \_\_\_\_\_ Cash \_\_\_\_\_ Staff \_\_\_\_\_

Alcohol Permit Received Date \_\_\_\_\_ Staff \_\_\_\_\_

Health Dept. License Yes \_\_\_\_\_ No \_\_\_\_\_

Police Required Yes \_\_\_\_\_ No \_\_\_\_\_

Fire Required Yes \_\_\_\_\_ No \_\_\_\_\_

Mayor's Office Approval \_\_\_\_\_ Date \_\_\_\_\_