



City of Shelton

Parks & Recreation Department
41 Church Street, Shelton, CT 06484-0668
☎ (203) 925-8422
Fax: 203 929-3692
www.cityofshelton.org, Community Services

APPLICATION FOR USE OF THE COMMUNITY CENTER

Hours of Operation: Monday – Friday 6:30 am to 9:45 pm
Saturday 8:00 am to 3:45 pm
Effective June 1, 2005

<input checked="" type="checkbox"/> Check Area(s) Requested	Fee - Resident	Fee - Non-resident or Fee Charging
<input type="checkbox"/> Craft Room	\$40	\$80
<input type="checkbox"/> Meeting Room-Dance Studio	\$40	\$80
<input type="checkbox"/> Multi-purpose Room	\$70	\$140
<input type="checkbox"/> Gym/Stage	\$50/hour	\$100/hour

Application must be approved by Director of Parks and Recreation Department.

Name of Group or Organization: _____

Name of Person Filing Application: _____

Address: _____ Phone: Day _____ Evening _____

DATE of EVENT: _____ **TIME:** From **(include time to decorate)** _____ To _____

Purpose of Event: _____

Approximate Number of People Attending: _____

Will any admission be charged or money collected through sales? Yes ___ No ___

If 200 people or more are attending the presence of a fireman and or policeman is mandatory at the current rate. The Parks and Recreation Department may deem it necessary for a custodian to be present at an additional charge.

Should a rental occur at a time when the Center is closed, the user is required to hire a custodian at time and one half for a minimum of three hours. The user is responsible for paying the custodian for ½ hour before and ½ hour after the event. Payment for rentals and custodians shall be paid separately and are due one week prior to the rental date. A Certificate of Insurance naming the City of Shelton as additionally insured may be required. The following limits should be shown: \$500,000 liability and \$50,000 property damage.

Groups are responsible for setting up the room and cleaning the rooms after each usage. No tapes or tacks are allowed on/in walls and poles of the multipurpose room.

I hereby release, and agree that I will not sue the City of Shelton and their agents and employees for money damages for personal injury sustained by me while using the City of Shelton facilities and equipment, even if due to the negligence of the City of Shelton and their agents or employees.

I have read the rules and regulations pertaining to building use. I will be present and take responsibility to follow these rules. I understand that if my group does not comply to these rules, we may lose the privilege of future use of the building. I also understand that I/we are responsible monetarily for any damage incurred during our use of the building. **Alcohol and smoking are not allowed in the building.**

Signature _____ Date _____

For Parks and Recreation Office Use:

Signature of Authorizing Agent: _____ Date: _____

Custodian Required: Yes ___ No ___ Hours: From _____ To _____ Total Hours: _____

Pay Rate @ time & one half _____ Custodial Fee \$ _____ Check # _____ Receipt # _____

Rental Fee \$ _____ Check # _____ Receipt # _____

TOTAL DUE \$ _____