## JOHN PETTIBONE COMMUNITY CENTER REQUEST FOR USE

Name of Organization:				
Responsible Party:				
Address:				
Phone: (W)	(H) _		(Mobile)	
Email:				
ls your group/organiza	tion not for pro	ofit and New Mi	lford based? Yes	No
Day/Date(s) Requested	d:			
Time(s) Requested:				
Describe Activity:				
Estimated Attendance				
		Area Reque	ested:	
Cafeteria	Small Me	eeting Room	Library	
Gymnasium	(a securit	y bond may be	required for use of th	e Gymnasium)
and agree to abide by pay for any damages	the terms cor incurred abo	ntained therein ove the hold/d	. I acknowledge that amage/cleaning dep	ibone Community Rules it is my responsibility to posit due to use of the ed portion of the building
Signature			Date:	
The Town of New M	ilford reserves the	e right to refuse us	e of the Community Cente	r in its sole discretion.
		For Office Us	e Only	
Insurance Received:	Date	Staff _		
Rental Fee per Date	x # of Date	es	Total Rental Fee:	
Payment Received:	Check		Staff	
Alcohol Permit Received	Date	Staff _		
Health Dept. License	Yes	No		
Police Required	Yes	No		
Fire Required	Yes	No		
Mayor's Office Approval			Date	