

APPLICATION FOR THE USE OF THE COMMUNITY CENTER

Name of Resident Requesting Community Center: _____

Group or Affiliation: _____

Physical Address: _____

Telephone Number: _____

Date of Activity: _____ Time of Activity: _____

Please specify with an (X) whether the kitchen area will be utilized:

The kitchen will be used: ____ Purpose: _____

The kitchen will not be used: ____

I have read the Use of the Community Center Policy and agree to abide by its requirements.

Resident Requesting Use of Center and/or Kitchen Date _____

(Do not write below this line)

The Community Center Policy was reviewed and agreed to by the applicant as evidence by his/her signature above. Yes ____ No ____

Required Fee submitted with the application: Yes ____ No ____

Money Order Number: _____ Rental Amount: _____

Money Order Number: _____ Security deposit Amount: _____

Date: _____

Application Approved: _____

Date: _____

Application Denied: _____

Date: _____

Reason: _____

POST-FUNCTION:

Equipment used and returned in good condition (initial of IHC Representative): _____

Applicant Date _____

INSPECTED ON BEHALF OF IHC BY: _____

(Printed Name): _____

Date: _____

Time: _____

Was the Center cleaned? Yes _____ No _____

Any damages found? Yes _____ No _____

If yes, please specify: _____