## **USE OF FACILITIES**

## TOWN OF THERESA 215 RIVERSIDE AVE THERESA, NEW YORK 13691 315-628-5046 315-628-5943-FAX APPLICATION FOR USE OF COMMUNITY FACILITIES

Today's Date:	Date(s) Requested:
Facility Requested:	Room:
INFORMATION ABOUT GROUP	
Name of Organization or Individual:	
Time:to Superv	visor in charge:
Mailing Address:	
Telephone: (Day)	(Night)
INFORMATION ABOUT INTEND	DED USE OF MUNICIPALITY FACILITIES
Purpose of Use:	
Total Participants Expected:	_ Adults: Children:
Is equipment required? YesNo	<b></b>
If needed, state what type and for wha	at purpose:
*	
Is an admission fee charged? Yes_	No
If refreshments are served, give details	s:
Other:	
AGREEMENT	
He/she agrees to be responsible to the <u>Theresa</u> does hereby covenant and agand all liability, loss, damages, clair	age and has read this form and attached regulations and agrees to comply with them. e Town of Theresa for the use and care of the facilities. He/she, on behalf of <u>Town of the tests of th</u>
Signature and Position within Organiz	zation