City of Shelton

Parks & Recreation Department

41 Church Street, Shelton, CT 06484-0668

🕿 203-925-8422, Fax: 203-929-3692

[www.sheltonparksandrec.org](http://www.sheltonparksandrec.org), [www.cityofshelton.org](http://www.cityofshelton.org)

Application for Use of Community Center

Effective June 1, 2005, Revised July 1, 2019

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| --- | --- | --- |
| **✓ Check Area(s) Requested** | Fee – Cash/Check Resident | **Fee – Cash/Check** **Non-Resident or Fee Charging** |
| * Craft Room – maximum 36 people
 | $50 | $100 |
| * Meeting Room – no food
 | $50 | $100 |
| * Dance Studio – no food
 | $50 | $100 |
| * Multi-Purpose Room & Kitchen
 | $80 | $160 |
| * Gym/Stage
 | $50/hour | $100/hour |

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

**Event Date**: \_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ **Time: Include time to decorate**  From \_\_\_:\_\_\_ to \_\_\_:\_\_\_\_

Person Filing Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group or Organization if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🕿**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_,** E-mail **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Purpose of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Approximate # 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 firefighter and/or police officer is mandatory at the current rate. The Parks & Rec Department may deem it necessary for a custodian to be present at an additional charge.

**Community Center Hours of Operation**: Monday – Friday, 6:30 am to 9:45 pm; Saturday, 8:00 am to 3:45 pm.

**Custodial Fee: When Center is closed user is required to pay a custodial fee of $20/hour for a minimum of 3 hours including ½ hour before and ½ hour after event**. **At time of application a**

 **$60 nonrefundable cash deposit will be required, which will be put towards total due.**

**Custodial deposit is forfeited if event is cancelled less than 30 days prior to scheduled date.**

**Payment for rentals and custodians shall be paid in full and are due one week prior to rental date.**

A Certificate of Insurance may be required naming the City of Shelton as an additional insured and showing comprehensive general liability insurance with a minimum of $1,000,000 combined single limit liability or split limits of $1,000,000 each occurrence and $2,000,000 aggregate bodily injury liability, $50,000 property damage liability. The certificate shall be received one week prior to the event date. Acceptance of the certificate by the City of Shelton is required prior to the rental date.

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 with 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**.

Renter’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parks & Rec Office Use:*** Signature of Authorizing Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Custodian Required: Yes **/** No, Hours \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_, Total Hrs.\_\_\_\_\_\_, **Custodial Deposit $60 cash-Receipt #**\_\_\_\_\_\_\_

Custodial Fee $\_\_\_\_\_, Rental Fee $\_\_\_\_\_\_, Total Due $\_\_\_\_\_\_, Balance $\_\_\_\_\_\_\_ Cash**/**Check #\_\_\_\_\_\_\_ Receipt #\_\_\_\_\_\_\_\_\_