

Cattaraugus Community Center

Birthday Party Rental Form

Name:	Phone:
Alternate Contact:	Phone:
Address:	City/Zip:

Date of Party: _____

Party Time Blocks: (4 hour increments only)

- | | |
|--|---|
| <input type="checkbox"/> 11:00am to 3:00pm | <input type="checkbox"/> 11:00am to 3:00pm |
| <input type="checkbox"/> Kitchen + \$30 | |
| <input type="checkbox"/> 4:00pm to 8:00pm | <input type="checkbox"/> 4:00pm to 8:00pm |
| <input type="checkbox"/> Kitchen + \$30 | <input type="checkbox"/> FULL MPR ADD \$100 |

The Cattaraugus Community Center, and it's affiliate buildings and grounds are Drug and Alcohol free facilities.

****Half the cost of rental due upon approval****

****Full payment must be made 2 weeks before event****

<input type="checkbox"/> Fun & Run (Saylor Pavilion) <ul style="list-style-type: none"> • Pavilion • Pool (during community swim time) \$110	<input type="checkbox"/> Big Splash <ul style="list-style-type: none"> • Half of MPR • 1.5 Hours Pool \$160
<input type="checkbox"/> CCC <input type="checkbox"/> Arena <input type="checkbox"/> Gil Lay <ul style="list-style-type: none"> • Half of MPR • 1.5 Hours of Arena \$210	<input type="checkbox"/> Fun Zone <ul style="list-style-type: none"> • Half of MPR • 1.5 Hours Gym w/bounce house \$220
<input type="checkbox"/> Skate Day <ul style="list-style-type: none"> • Half of MPR • 1.5 Private Ice Time (1/2 a sheet) \$250	<input type="checkbox"/> Ultimate Party <ul style="list-style-type: none"> • Half of MPR • 1.5 Hours Gym w/bounce house • 1.5 Hours Pool (ages 7+ only) \$320

Adult Supervision for rental is required at all times, in any area being rented.

Gym:

Basketballs # _____ Dodgeballs Kickball

Pool: Bathing Suits/Swim trunks required.

Floatables Life Vests Volleyball Basketball

Rules & Regulations:

Bounce House: with Fun Zone & Ultimate Party Pkg.

Max # of kids is 10 at a time | Not to exceed 1,500 lbs. | Children around the same age & weight should only use bounce house at the same time | No Sharp objects, jewelry, or make up | Socks must be worn

Wibit Pool Inflatable: with Splash Zone & Ultimate Party Pkg. (Bathing Suits/Swim trunks required)

Ages 7+ only | Not to exceed 330 lbs. | No swimming under inflatable | Sliding position = feet first | No jewelry or other sharp objects.

Cancellation Policy: Applicant must provide a minimum of 7 days notice of any cancellation. If the 7 days is not met, fee will not be refunded.

****All locations subject to availability****

The undersigned hereby makes application to the Cattaraugus Community Center (CCC) for the use of the above requested facility and certifies that the information on the application is correct. The undersigned acknowledges that the rental fee is \$ _____. The undersigned agrees to exercise the utmost care in the use of the premises/property. The applicant agrees to adhere to all rules and regulations pertaining to the use of the facility and to reimburse the Seneca Nation of Indians for any damages arising from the applicant's use of said facility. Any accident involving injury to participants or damages to facilities will be reported to CCC Personnel immediately. I/we further agree to indemnify, defend and hold harmless the SNI, CCC Employees, and Volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or loss or damage to property, which arises out of our/my rental of these facilities. CCC is not responsible for lost or stolen property. I/we also understand that all CCC rules and regulations apply to this rental application. **The Cattaraugus Community Center, and it's affiliate buildings and grounds are Drug and Alcohol free facilities. Half of the fee must be paid upon approval of party rental. Full payment must be made 2 weeks prior to party date. If party is cancelled within 1 week, the rental fee will be withheld.**

I/we acknowledge that I/we have received and reviewed the Schedule and information in this form.

Name (print): _____

Sign: _____

Date: _____

Office Use Only

Date Received: _____

Received By: _____

Reception:
Available: Yes / No

Time Received: _____

1/2 Fee Amt: _____
Total Fee: _____

Approved

Denied

Administration Authorization: _____

Date: _____

Entered by/date: _____

Notified by/date: _____

1/2 Fee paid/date: _____

Remaining Balance paid/date: _____

Notes: _____