



# ALLEGANY COMMUNITY CENTER



NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE of EVENT: \_\_\_\_\_ PARTY TIME (circle one): 1:00—5:00 pm 2:00—6:00 pm



PARTY PACKAGES	DESCRIPTION	PRICE
Fun & Run (4 Hours)	First 2 Hours in Gym	\$150.00
Big Splash (4 Hours)	2 Hours in Pool	\$150.00
Fun Zone (4 Hours)	2 Hours in the Gym w/ Bounce House	\$180.00
Splash Zone (4 Hours)	2 Hours in Pool w/ WiBit Pool Inflatable	\$225.00
Ultimate Party (4 Hours)	1 Hr. in Gym w/ Bounce House 1.5 Hr. in the Pool	\$250.00
	1 Hr. in Gym w/ Bounce House 1.5 Hr. in the Pool w/ WiBit Pool Inflatable	\$300.00

### Deposit required to book party

**Cancellation Policy:** Must provide a minimum of 14 days notice of any cancellation otherwise deposit will not be refunded.

**ALL LOCATIONS SUBJECT TO AVAILABILITY!**

The undersigned hereby makes application to the Allegany Community Center (ACC) for the use of the above requested facility and certifies that the information on the application is correct. The undersigned acknowledges that the **deposit is \$50.00** and 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 ACC Personnel immediately. I/We further agree to indemnify, defend and hold harmless the SNI, ACC Employees, and volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or loss or damages to property, which arises out of our/ my rental of these facilities. ACC is not responsible for lost or stolen property. I/We also understand that all ACC rules and regulations apply to this rental application.

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

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity List: Please CIRCLE Equipment needed

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

GYM:

Basketballs # \_\_\_\_\_ Dodgeballs # \_\_\_\_\_ Kickballs # \_\_\_\_\_

POOL:

Bathing Suits/ Trunks required

Floatables

Life Vests

Volleyball

Basketball

BOUNCE HOUSE: w/ Fun Zone & Ultimate Party Pkg.

Max # of kids is 10 at a time. Not to exceed 1500 lbs.

No sharp Objects, jewelry, or make up. Socks must be worn at all times.

**WAIVER FOR BOUNCE HOUSE/ WIBIT MUST BE SIGN BEFORE CHILD  
CAN GET ON BOUNCE HOUSE/WIBIT.**

**\*\*\*OFFICE USE ONLY\*\*\***

Date Received: \_\_\_/\_\_\_/\_\_\_ Received by: \_\_\_\_\_ Time Received: \_\_\_:\_\_\_ am/pm  
Deposit Pd: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Fee Amount: \_\_\_\_\_ Total Fee: \_\_\_\_\_

**APPROVED:**

**DENIED:**

**Administration Authorization:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

Entered by/ Date: \_\_\_\_\_/\_\_\_\_\_

Notified by/ Date: \_\_\_\_\_/\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.