



ACC GENERAL RENTAL FORM

****To be completed 14 days prior to the rental date by the event organizer or person responsible for the event.****

Name: _____ Phone: _____
 Alternate Contact: _____ Phone: _____
 Email: _____
 Organization: _____
 Address: _____ City/State: _____ Zip: _____

- Room Requested: (X) () Jo-Jo Redeye Room – A & B () GYM 1 & 2 () Studio
 () Jo-Jo Redeye Room – A () GYM 1 () Pool (Indoor Only)
 () Jo-Jo Redeye Room – B * () GYM 2 () Concession
 () Concourse () Mezzanine () ACC Arena
 () Batting Cages () Outdoor Gazebo () Other _____

***Jo-Jo Redeye Room—Option B → No Kitchen Access**

Start Date: ___/___/___
End Date: ___/___/___

Start Time: ___:___
End Time: ___:___

****Please understand that the requested time must include set-up & clean up****

Type of Function: _____ Estimated Attendance: _____

Will you be charging participants? Yes No

If so, how much are tickets? Adults _____ Children _____ Passes _____

Will you be selling food? Yes No Will you be selling vendor space? Yes No

Who will the proceeds directly benefit? _____

Other Supplies needed (if available):

Check Status:

1. <input type="radio"/> Enrolled Seneca	<input type="radio"/> Native ACC Member	<input type="radio"/> Non Native ACC Member
2. <input type="radio"/> NON-PROFIT (501c3 form)	<input type="radio"/> SNI Government Dept.	<input type="radio"/> Fundraiser
3. <input type="radio"/> Youth Org.	<input type="radio"/> Adult Org./ Team	<input type="radio"/> Seneca Community Org.

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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 \$_____ & rental fee is \$_____ per event. The undersigned agrees to exercise the utmost care in the use of the premises/property. The applicant agrees to adhere to all rules & regulations pertaining to the use of the facility & 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 Security immediately. I/we further agree to indemnify, defend & hold harmless the SNI, ACC Employees, & volunteers from & against any & 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. ACC is not responsible for lost or stolen property. I/we also understand that all ACC rules & regulations apply to this rental application. I/we acknowledge that I/we have received & reviewed the information in this form & attachment. Deposit paid in full is required to reserve date. Failure to pay fee in full within 14 days prior to your event date, will result in a processing fee totaling the amount of your paid deposit.

Name (print): _____ Title (for Org.): _____

Sign: _____ Date: ___/___/___

*Person to return deposit to: _____

Office use Only

Date Received: ___/___/___

Received By: _____ Time: ___:___

Deposit paid? Yes NO Date: _____ Receipt #: _____ Ck #: _____ Cash: _____

Fee paid? Yes NO Date: _____ Receipt #: _____ Ck#: _____ Cash: _____

Approved: Denied:

Administration Authorization: _____ Date: ___/___/___

Date entered: ___/___/___

Entered by: _____

Notified (date): ___/___/___

Notified by: _____

Deposit due: _____

Deposit Paid: _____

Rental Fee Due: _____

Rental Fee Paid: _____

Deposit returned: _____

Pre/Post Inspection done: Yes / No