

C.C.C. Birthday Party Rental Form

****To be completed 30 days prior to the rental date by the event organizer or person responsible for the event.****

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

Date of Event: _____ Party Time (circle): 1:00-5:00 2:00-6:00 (Fall/ Winter only)

****Please Be Aware That Your Time Requested Must Include Decorating & Clean-up****

Party Packages	1-15 Participants	16-30 Participants
Run & Fun (4 hours) <small>First 2 hours in Gym, Last 2 hours in MPR</small>	\$100	\$125
Big Splash (4 hours) <small>First 2 hours in Pool, Last 2 hours in MPR</small>	\$100	\$125
Fun Zone (4 hours) <small>First 2 hours- Gym/Bounce House, Last 2 hours in MPR</small>	\$125	\$150
Ultimate Party (4 hours) <small>First hour Gym/ Bounce House, then 1.5 hr. Pool, Last 1.5 hr. MPR</small>	\$150	\$175

Full payment required to book party including a \$50 deposit.

There will be a \$25 NON refundable cancellation fee for all Birthday parties.

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 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 CCC Security 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.

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

Name (print): _____

Sign: _____

Date: _____

Activity List: Please **CIRCLE** equipment needed

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

Gym:

Basketball (Adult)	Basketball (Kiddie)	Basketballs # _____	Bounce House
Dodgeballs	Volleyball	Badminton	Kickball
Matball	Four Square	Bases	Mats

Pool: Bathing Suits/Swim trunks required.

Floatables	Life Vests	Volleyball	Basketball
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MPR:

Bounce House: with Fun Zone & Ultimate Party Pkg.

TV/DVD Combo

Max # of kids is 10 at a time. Not to exceed 1,500 lbs.

Kitchen

No sharp objects, jewelry, or make up. Socks must be worn.

Office Use Only

Date Received: _____ Received By: _____

Reception:
Available: Yes / No

Deposit Amt: _____
Fee Amount: _____
Total Fee: _____

Approved Denied

Administration Authorization: _____

Date: _____

Date Entered: _____

Entered By: _____

Notified (date): _____

Notified By: _____

Deposit Due: _____

Deposit Paid: _____

1 Week Reminder Phone Call: _____

By: _____

Rental Fee Due: _____

Rental Fee Paid: _____

Deposit Returned: _____

Pre/Post Inspection Done: Yes / No