

Saylor Building 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: _____
Organization: _____
Address: _____ City: _____ Zip: _____

Deposit- \$50 *Returned upon satisfactory completion and inspection Rental Fee- \$75 per area

Room Requested: (X) () Kitchen/ Dining Room () Gym () Pavillion

Start Date: _____ Start Time: _____

End Date: _____ End Time: _____

****Please Be Aware That Your Time Requested Must Include Set-Up, Clean Up & Tear-Down****

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:

Check status:

1. Enrolled Seneca Native CCC Member Non Native CCC Member

2. NONPROFIT (501c3 form) SNI Government Department Fundraiser

3. Youth Org./ Team Adult Org./ Team Seneca Community Org.

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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 \$_____ and rental fee is \$_____ per hour. 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 & Saylor Building 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/ Saylor is not responsible for lost or stolen property. I/we also understand that all CCC/ Saylor rules and regulations apply to this rental application. I/we acknowledge that I/we have received and reviewed the information in this form and attachment.

Name (print): _____

Title (for Org.): _____

Sign: _____

Date: _____

*Person to return deposit to: _____

*Address to mail deposit to: _____

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: _____

Rental Fee Due: _____

Rental Fee Paid: _____

Deposit Returned: _____

Pre/Post Inspection Done: Yes / No

Staff Assigned: _____