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

<table>
<thead>
<tr>
<th>PARTY PACKAGES</th>
<th>DESCRIPTION</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fun &amp; Run (4 Hours)</td>
<td>First 2 Hours in Gym</td>
<td>$150.00</td>
</tr>
<tr>
<td>Big Splash (4 Hours)</td>
<td>2 Hours in Pool</td>
<td>$150.00</td>
</tr>
<tr>
<td>Fun Zone (4 Hours)</td>
<td>2 Hours in the Gym w/ Bounce House</td>
<td>$180.00</td>
</tr>
<tr>
<td>Splash Zone (4 Hours)</td>
<td>2 Hours in Pool w/ WiBit Pool Inflatable</td>
<td>$225.00</td>
</tr>
<tr>
<td>Ultimate Party (4 Hours)</td>
<td>1 Hr. in Gym w/ Bounce House</td>
<td>$250.00</td>
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<tr>
<td></td>
<td>1.5 Hr. in the Pool</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Hr. in Gym w/ Bounce House</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5 Hr. in the Pool w/ WiBit Pool Inflatable</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

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 of 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): ____________________________  Date: ____________________________

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: __________________________________________

______________________________________________

______________________________________________