ALLEGANY COMMUNITY CENTER

PARTY PACKAGE RENTAL FORM

NAME:_____ PHONE:_____

ALTERNATE CONTACT:_____ PHONE:_____

ADDRESS:_____ EMAIL:_____

CITY:_____ ZIP:_____

DATE OF EVENT: / / **PARTY TIME → 1:00 – 5:00 PM**

PARTY PACKAGES	PACKAGE PREFERENCES	PRICES
FUN & RUN (4 HOURS)	☐ 4 hours Gym ☐ 2 hours Gym & 2 hours in MPR	$150.00
BIG SPLASH (4 HOURS) ** SWIM TIME → 1:30 – 3:30 **	☐ 2 hours in pool & 2 hours in MPR	$150.00
FUN ZONE (4 HOURS)	☐ 4 hours in Gym w/ Bounce House	$180.00
SPLASH ZONE (4 HOURS) ** SWIM TIME → 1:30 – 3:30 **	☐ 2 hours in Pool w/ Wibit & 2 hours in MPR	$225.00
ULTIMATE PARTY (4 HOURS) ** SWIM TIME → 1:30 – 3:00 **	☐ 1.0 hour Gym w/ Bounce House 1.5 hours in Pool 1.5 hours MPR	$250.00
	☐ 1.0 hours Gym w/ Bounce House 1.5 hours in Pool 1.5 hours GYM	
	☐ 1.0 hour Gym w/ Bounce House 1.5 hours Pool w/ Wibit 1.5 hours in MPR or GYM	$300.00

ACTIVITY EQUIPTMENT LIST

of tables: _____ # of chairs: _____

PLEASE NOTE

- **FULL DEPOSIT** is required to guarantee party booking date.
- Adult supervision, for rental, is required at **ALL TIMES.**

BOUNCE HOUSE

- NO SHARP jewelry or objects. NO SHOES.
- Waiver for Bounce House / Wibit must be signed **BEFORE** use.

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 will be responsible for **FINAL PAYMENT BY:** ___/___/___.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 / 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: _____

*** OFFICE USE ONLY ***

DATE RECEIVED: ___/___/___ **TIME RECEIVED:** _____:_____ **RECEIVED BY:** _____

DEPOSIT PAID: _____ **RECIEPT #:**_____ **FEE PAID:** _____ **RECIEPT #:** _____

CONFIRMED BY: _____

O ENTERED TO CALENDAR by _____

NOTES: