



STEAMBURG 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	DESCRIPTION	PRICES
FUN & RUN (4 HOURS)	4 HOURS IN GYM	\$100.00
FUN ZONE (4 HOURS)	4 HOURS IN GYM W/ BOUNCE HOUSE	\$150.00

*** Cleaning cart and supplies will be made available for use before, during, and after party ***

ACTIVITY & EQUIPMENT LIST

SET UP: TABLES # _____ CHAIRS # _____

GYM: BASKETBALLS # _____ DODGEBALLS # _____ KICKBALLS # _____

PLEASE NOTE

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

BOUNCE HOUSE

- **NO SHARP** jewelry or objects
- Waiver for Bounce House 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 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: _____ RECEIPT #: _____ FEE PAID: _____ RECEIPT #: _____

CONFIRMED BY: _____

NOTES: