



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
 Enrolled Non- Enrolled ***Set up & clean up times are allowed one (1) hour & before party times***

| PARTY PACKAGES | DESCRIPTION | PRICE |
|--------------------------|--|----------|
| Fun & Run (4 Hours) | First 2 Hours in Gym | \$150.00 |
| Big Splash (4 Hours) | 2 Hours in Pool | \$150.00 |
| Fun Zone (4 Hours) | 2 Hours in the Gym w/ Bounce House | \$180.00 |
| Splash Zone (4 Hours) | 2 Hours in Pool w/ WiBit Pool Inflatable | \$225.00 |
| Ultimate Party (4 Hours) | 1 Hr. in Gym w/ Bounce House 1.5 Hr. in the Pool | \$250.00 |
| | 1 Hr. in Gym w/ Bounce House 1.5 Hr. in the Pool w/ WiBit Pool Inflatable | \$300.00 |

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 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: _____

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: _____

_____.