

Millstream Community Center Rental Application

Contact Name: _____ Event: _____

Address: _____

Phone: _____ Email: _____

Area of Community Center Requested: Half Hall _____ Whole Hall _____

Party Requesting Facility Is: Private Party _____ Non-Profit _____ Government _____

Approximate Attendance Expected: _____

Hours Facility is Requested (including setup and clean up): _____

Alcohol Permit: Yes No NOTE: Alcohol permit MUST be submitted separately to, and approved by Hinsdale Police Department and Select Board

Conditions Governing Use of Community Center

1. Smoking is not allowed inside the building
2. Setup and clean-up is sole responsibility of the renter
3. All windows must be closed
4. All lights must be off and doors secured
5. The applicant will have access to bathrooms
6. The applicant MUST restrict their use to the *assigned* room
7. The applicant will be respectful to other potential concurrent facility occupants
8. Alterations of the facility are not permitted
9. The user understands that the Town of Hinsdale shall not be responsible for lost or stolen items
10. The applicant understands that a \$50 refundable deposit is required at the time of application submission
11. Applicant understands that they forfeit their deposit should they be found in violation of of the aforementioned terms of agreement by designated Community Center staff _____

I understand that my (approved) rental application may carry restrictions on which areas of the building I/my organization have access to, and I will make every reasonable effort to adhere to these restrictions _____

I understand that failure to properly clean up after my event (including trash) will lead to forfeiture of my/my organization's deposit _____

I understand that damage sustained to building, equipment therein, or building facilities as a result of my (organization) rental, will lead to forfeiture of my/my organization's deposit _____

On behalf of _____, I have read the above listed conditions concerning the use of the Millstream Community Center. Any failure to comply will be strictly at the sole discretion of designated Millstream Community Center staff.

Date: _____ Event Coordinator: _____

Make checks payable to: Town of Hinsdale

----- *For Staff Use Only* -----

Fee: \$ _____
Deposit \$ _____ Returned? Y N If not, why? _____
Total Received \$ _____

Approved By: _____ Date: _____