LEECHESTER COMMUNITY HALL

FACILITY USE REQUEST FORM

Please Note: No reservations will be made until a completed Facility Use Request Form is returned to the Municipal Clerk, along with any required deposit AND the use is APPROVED.

Name of Individual: _____

Address of Individual: _____ _____ _____
Street Address City/Town Zip Code

Mailing Address if different from Street: _____ _____ _____
Mailing Address City/Town Zip Code

Name of Organization (if applicable): _____

Address of Organization: _____ _____ _____
Street Address City/Town Zip Code

Mailing Address if different from Street: _____ _____ _____
Mailing Address City/Town Zip Code

- If an organization, is proof of Non-profit status attached? Yes ◯ No ◯

Name of Contact Person: _____ **Phone Number of Contact Person:** _____

USE OF HALL INFORMATION

Date(s) Requested: _____

Time(s) From: _____ To: _____ / From: _____ To: _____ / From: _____ To: _____

Area(s) of Hall Requested for Use: Entire Hall _____ Main Hall area _____ Kitchen _____

Purpose for Use of the Hall: _____

- Will activity/event be open to the public? Yes ◯ No ◯
- Will admission be charged? Yes ◯ No ◯
- If admission is being charged, what will proceeds be used for? _____

INSURANCE INFORMATION

- Does the requesting individual/organization have a valid insurance policy with terms that are effective during the requested use date(s)? Yes ◯ No ◯
- Is a current Certificate of Insurance attached listing Maurice River Township as an additional insured for the date of use and providing coverage limits of not less than $500,000.00 combined single liability, plus $5,000.00 property damage insurance? Yes ◯ No ◯

AGREEMENT

1. I/We agree, on behalf of the above indicated individual or organization, that all members and guests will observe and abide by the Rules Governing the Use of Leechester Hall as delineated in Maurice River Township Ordinance No. 744 and attached herewith, and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Leechester Community Hall during the above indicated period of use.
2. I/We also agree that there will be no smoking permitted in Leechester Hall or on the grounds surrounding the facility except in designated areas.
3. I/We agree that there will be no alcoholic beverages permitted in Leechester Hall or on the grounds outside the facility.
4. I/We agree that the facility will be left in 'broom clean' condition after use of the facility, removing all trash, debris, and garbage from the premises, as well as all items associated with decorations.
5. I/We also agree that we, individually, and as an organization, will at all times hereafter indemnify Maurice River Township, its employees, agents and or assigns against any loss, damage, or expense of any kind, sustained, or incurred because of use of the Leechester Hall and its premises by us or our organization and we will further hold Maurice River Township, its employees, agents and/or assigns harmless for loss, damage, or expense of any kind in connection therewith.

Signature: _____ Date: _____

Individual or Requesting Organization's Designee

OFFICE USE ONLY:

1. Non-refundable deposit in the amount of $100.00 due upon submission of the Facility Request for Use Form.
   Received on: _____ Cash/Check # _____ Received by: _____ (initial)

2. Certificate of Insurance supplied on _____ Received by: _____ (initial)

3. Use Fee in the amount of $ _____ due at least three business days in advance of scheduled event.
   Received on: _____ Cash/Check # _____ Received by: _____ (initial)

.....

Availability of Requested Date reviewed on: _____ by _____ Reserved ◯ Not Reserved ◯

** If requested date is not reserved, please provide the reason for denial: _____

Signature of Municipal Clerk or designee: _____ Date: _____

Reservation Confirmed on _____ **via** Phone ◯ In Person ◯ Mail ◯ Email ◯