



For Center Use Only (Date Received)

200 WEST SPRING STREET
BOYERTOWN, PA 19512
MULTI-SERVICE (610) 367-6957
RENTAL CONTACT (610) 367-2313

APPLICATION FOR USE OF MULTI-SERVICE FACILITY

PLEASE COMPLETE CAREFULLY TO AVOID ANY DELAY IN PROCESSING THIS APPLICATION. AFTER REVIEWING THE RENTAL POLICY AND REGULATIONS, COMPLETE THE APPLICATION AND SUBMIT IT TO THE CENTER AT SPRING STREET WITHIN FOURTEEN (14) DAYS OF THE DESIRED DATE. REIMBURSEMENT FOR THE USE OF THE FACILITY AND THE ONE HUNDRED DOLLAR (\$100) CLEANING/DAMAGE DEPOSIT ARE DUE ONCE THE APPLICATION HAS BEEN APPROVED. PLEASE SUBMIT THE ONE HUNDRED DOLLAR (\$100) DEPOSIT IN A SEPARATE CHECK. ALLCHECKS MADE PAYABLE TO BOYERTOWN AREA MULTI-SERVICE, INC. ALLOW SEVEN (7) DAYS FOR PROCESSING THIS APPLICATION AFTER SUBMITTING.

APPLICANT: _____

CONTACT PERSON IF OTHER THAN APPLICANT _____

ADDRESS _____

PHONE # () _____ TOWNSHIP _____

IF APPLICANT IS ORGANIZATION--IS IT NON-PROFIT? _____ YES _____ NO

PURPOSE OF ORGANIZATION _____

DATE(S) DESIRED _____ ALTERNATE DATE(S) IS FIRST CHOICE UNAVAILABLE _____

PROPOSED USE OF FACILITY _____

WILL FOOD BE SERVED? _____ NEED REFRIGERATOR? _____ FREEZER? _____

WILL BEER AND/OR WINE BE SERVED? _____

NUMBER EXPECTED TO ATTEND? _____ CHILDREN _____ ADULTS

TIME OF EVENT _____ TO _____ RENTAL HOURS _____

THE UNDERSIGNED MAKE APPLICATION FOR USE OF THE MULTI-SERVICE FACILITY IN ACCORDANCE WITH ESTABLISHED POLICY AND REGULATIONS:

**SIGNATURE OF PERSON COMPLETING APPLICATION _____

HOME TELEPHONE # () _____ DAYTIME TELEPHONE # () _____

**SIGNATURE PRESIDENT OF ORGANIZATION MAKING APPLICATION _____

**SIGNATURE IMPLIES THAT APPLICANT/ORGANIZATION DOES NOT DISCRIMINATE AGAINST PERSON BASED ON RACE, CREED, COLOR, AGE, SEXUAL ORIENTATION, MATRIAL STAUS, RELIGION, NATIONAL ORIGIN OF ANCESTRY, DISABILITY OR HANDICAP.

SPACE BELOW FOR OFFICE USE

FEES REQUIRED AND RECEIVED: _____ \$100 CLEANING/DAMAGE DEPOSIT _____

_____ FACILITY REIMBURSEMENT (\$50/HOUR) _____

_____ CERTIFICATE OF INSURANCE (with liquor liability if applicable) _____

_____ \$50.00 CUSTODIAL FEE _____

_____ \$200.00 DANCE FLOOR FEE _____

_____ OTHER _____

APPLICATION DENIED _____ REASON _____

APPLICATION APPROVED _____

AUTHORIZING SIGNATURES: _____ CENTER DIRECTOR - DATE _____

_____ EXECUTIVE DIRECTOR - DATE _____