Town of Berlin
Parks and Recreation Department
Community Center Room Rental application

Group Name_____ Non-profit* _____ Profit _____

Contact Person _____ email _____

Address_____ Phone # H _____ C_____

Total number of participants in group_____ # of residents_____ # of non-residents_____

Age range of group-Children_____ Adults_____ # of children_____ # of adults_____

Nature of activity_____ Room requested – 1st choice_____ 2nd choice_____

Dates (please list dates by the month) <u>Please put beginning and end time you wish to meet</u>

Sept._____Time_____   March_____ Time_____

Oct._____Time_____   April_____Time_____

Nov._____Time_____   May_____Time_____

Dec._____Time_____   June_____ Time_____

Jan._____Time_____   July_____ Time_____

Feb._____Time_____   Aug. _____ Time_____

ALL REQUESTS WILL BE HANDLED ON A FIRST COME, FIRST SERVE BASIS AND MUST BE SUBMITTED IN ADVANCE FOR APPROVAL BY THE SUPERINTENDENT OF RECREATION.
<u>ALL GROUPS/INDIVIDUALS AGREE TO THE FOLLOWING</u>:

1. To refrain from the use of alcoholic beverages and disorderly conduct.
2. To fully compensate the Town of Berlin for any damages to the Community Center or any equipment located herein. It is further agreed that all groups or individuals shall hold the Town harmless for any and all loss, damage or injury incurred by a person using the Community Center pursuant to this agreement and indemnify the Town for any moneys paid by the Town for any such loss, damage or injury.
3. To abide by all rules, regulations or ordinances governing the Town of Berlin Parks and Facilities.
4. All groups must notify the supervisor on duty when arriving and leaving and give them an attendance count.
5. A certificate of liability insurance for one million dollars, with the Town of Berlin on the policy as additional insured will be required of groups, as deemed necessary. If required, we must have it on file before allowing the group to use the facilities.
6. Please check if **non-profit** group and you are requesting a waiver of all fees – Yes* _____ No ____
    *Non-profit groups requesting a fee waiver must complete both sides of the Town's Request for Fee Waiver form.

Information furnished above is accurate and I do agree to the rules as stated.

Contact Persons signature_____ Date_____

Superintendent of Recreations signature_____ Date_____

Certificate of Insurance required Yes_____ No_____ If yes, date received_____

Fee waived_____ Fee charged_____

PLEASE NOTE: The Berlin Parks & Recreation Department reserves the right to approve, deny or alter requests.

Berlin Community Center, 230 Kensington Rd, Berlin   Phone #860-828-7056, Fax #860-828-1627
Email ddennis@berlinct.gov