

PHILLIPS AREA COMMUNITY CENTER

Depot Street - P.O. Box 442 - Phillips, ME 04966

To schedule your event,

Contact Rick DeBruin: rickdb75@gmail.com or 207-639-2117

AGREEMENT FOR USE OF FACILITIES

(Charges based on one day of use.)

FOR USE OF:	FEE:	PAID:
_____ gym only	\$60.00	\$ _____
_____ add heat	\$30.00	\$ _____
_____ add use of kitchen	\$10.00	\$ _____
_____ security deposit	\$40.00	\$ _____
(refundable if building is returned to pre-event condition)		

FOR MULTIPLE WEEK PROGRAMS: PLEASE CALL FOR INFO

TOTAL AMOUNT PAID IN ADVANCE \$ _____

Make checks payable to PACC. Please make a separate check for the security deposit.

AGREEMENT:

1. Arrangement for unlocking the facility must be made at least 3 days prior to the event. All entryways used for the event are to be securely locked and checked at the close of the event.
 2. The user is responsible for maintaining the security of the building and monitoring the occupancy of the building. Prior to leaving the building, the user is responsible for cleaning, closing and locking all windows and doors, turning out all lights, and removing all trash and/or decorations.
 3. The user must report, and pay for, any equipment or property damage.
 4. There shall be no smoking or use of any alcoholic beverages in the building.
- PLEASE NOTE: Except in those instances when individuals or groups rent the building and purchase an insurance policy for a private party with alcohol, the Community center maintains a strict policy of no smoking and no use of alcoholic beverages in the building or on Community Center property. In such instances that a private party secures insurance from its own insurance provider for a private party with alcohol, proof of such insurance is required in advance of a scheduled event.
5. Use of the facility must be approved by the Board of Directors of PACC.
 6. The Executive Committee may rescind or modify any part of this agreement at any time.

Name of Organization/Person Sponsoring Event _____

Name of Person Responsible (if different from above) _____

Address _____

Contact Number _____ (home) _____ (cell)

Date and Time of Event _____

Signature of Person Responsible _____

Authorizing Signature for PACC _____