

**PHILLIPS AREA COMMUNITY CENTER**

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

To schedule your event, contact Paula W. Kane, (207) 639-3213.

**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: \_\_\_\_\_ \$10/session without heat  
 \_\_\_\_\_ \$20/session with heat  
 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 \_\_\_\_\_