



Catskill Community Center  
344 Main Street – PO Box 389  
Catskill New York 12414  
(518) 719-8244

[Director@Catskillcommunitycenter.org](mailto:Director@Catskillcommunitycenter.org)

APPLICATION FOR THE USE OF THE BUILDING

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_

Time requested: \_\_\_\_\_

Area(s) requested: *(Please circle one or more)*

GYM

GAME ROOM KITCHEN

ANNEX

Purpose *(Event name & Description)*:

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Anticipated number of participants/guests: \_\_\_\_\_

Average age of participants/guests: \_\_\_\_\_

Number of facilitators: \_\_\_\_\_

*(Please attach a list with names and phone numbers of the facilitators)*

Do you or your organization have liability insurance for this event? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the insurance company name and contact along with phone number:

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APPLICATION AGREEMENT

Should this application be approved, the following rules apply:

1. No alcohol or smoking on the premises.
2. Guests must remain in the building – no loitering outside.
3. For events involving children (*under the age of 18*), adequate supervision must be provided.
4. Signature of this application and agreement is responsible for clean-up and/or damages incurred during the event.
5. Fee is payable upon signing and approval of contract.

\_\_\_\_\_  
Signature of Applicant

*Catskill Community Center applicant review comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee Established: \$ \_\_\_\_\_

Insurance Policy: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee amount and date received: \_\_\_\_\_

Deposit amount and date received: \_\_\_\_\_

Deposit returned: \_\_\_\_\_