

## TOWN OF TRURO TRURO COMMUNITY CENTER

Official Use Only:	
Date Rec'd	
Time Rec'd	
Est. Fee	

## **Facility and Equipment Use Application**

Each application must be accompanied by full payment for the intended use made payable to the "Town of Truro". If the request is denied, the original check will be returned. Payment is due on the 1<sup>st</sup> of each month for ongoing monthly rentals. Please note that fees may be adjusted according to the extent of the request.

Organization Name:	Non-Profit: YES* NO * Documentation Must be Submitted	
Contact/Responsible Person:		Email:
Mailing Address:	City:	State: Zip:
Phone:	Cell Phone	e:
Type of Function (Be Specific):		
Room(s) Requested:(Multipurpose	Room, Truro Room, Pamet Room, COA, Re	ecreation, Kitchen)
Date(s) Needed:	Day:	Recurrence:
Alternate Date(s)/Day:		
Timeframe: Set-up: Ev	ent Start: Event End:	: Clean up finished by:
Number of Persons Anticipated in	Attendance (high estimate):	
Will Funds Be Raised or Admissio	n Charged: <u>YES* NO</u>	Alcohol Served: YES* NO  Pre-approval from Selectmen Required
Custodial Help: YES NO	Room Set-up Requ	uest: YES NO
Equipment Requested (Be Specific	(# of Chairs, # of Tables, Screen, Poo	dium, Audio, etc.)
Ple	ease Use Additional Sheet for Othe	er Information
employees, and volunteers for any accident or in the securing of the facility and all damages which	njury that may occur while on the Community th occur during said use are the sole responsi Police services may be required at additional	hold harmless and indemnify the Town of Truro, its y Center property for the above stated activity. In addition, bility of the requesting group. It is understood that I cost. All <i>Community Center Use Policy and Building</i>
		d regulations set forth by the Town of Truro for rental/use of inder any and all circumstances and takes full responsibility.
Contact/Responsible Person Signa	ture:	Date
Town Manager's Signature of App	oroval:	Date