

Lenox Community Center

65 Walker St.

Lenox, MA 01240

(413) 637-5530

Fax;(413) 637-4787

e-mail; [communitycenter@townoflenox.com](mailto:communitycenter@townoflenox.com)

## FACILITY USE FORM

Please complete and submit application to the Lenox Community Center. The Director's signature constitutes a completed and agreed upon contract for the applicant's use of facilities as specified below.

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Which Facility requested: OREBED \_\_\_\_\_ TILLOTSON \_\_\_\_\_ TENNIS COURTS \_\_\_\_\_

Type of Activity/Event planned \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

Event End Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Portable Restroom required for long term use) \_\_\_\_\_

Comments: \_\_\_\_\_

Organization Attendance \_\_\_\_\_ Public Attendance \_\_\_\_\_

**PLEASE READ CAREFULLY:** On behalf of the above organization, I hereby assume responsibility for all fees, charges, liabilities and damage claims resulting from such use of facilities.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Approval of Director: \_\_\_\_\_

Date: \_\_\_\_\_

