



Town Of Southbury

APPLICATION FOR SENIOR SERVICES BUILDING USAGE

NAME OF INDIVIDUAL/GROUP: _____

PURPOSE: _____

SPECIAL GUEST/ EVENTS: _____

DATES (S) REQUESTED: _____ TIME: _____

HOURS: _____ ESTIMATED ATTENDANCE _____

ESTIMATED NUMBER OF CHAIRS: _____ TABLES _____

JAN	_____	MAY	_____	SEPT	_____
FEB	_____	JUNE	_____	OCT	_____
MAR	_____	JULY	_____	NOV	_____
APRIL	_____	AUG	_____	DEC	_____

PERSON(S) RESPONSIBLE: _____

ADDRESS _____

EMERGENCY PHONE #: _____

In making this application, I/we agree to be responsible for the conduct of the individuals attending the meeting and the care of the property being used. Applicant/organization accepts liability for any damage to property or injury to persons resulting from use by the applicant and furthermore the applicant agrees to indemnify and save harmless the Town of Southbury from and against all claims and demands on account of the damage to/and destruction of property and injury to and death of any person, resulting from the applicant's use of the Town facility. If the Town of Southbury shall be held liable for and shall pay for any damage for which the applicant would be responsible under this application, the applicant shall reimburse and indemnify the Town of Southbury for all payments made in discharge of such liability, including costs, reasonable attorney's fees and necessary incidental expenses.

Applicant's Signature _____

Date _____

OFFICE USE ONLY:

SENIOR SERVICES CHECK OFF _____

PARK AND RECREATION CHECK OFF _____

COMMENTS: _____

ABOVE REQUEST IS: APPROVED () DENIED ()

ROOM ASSIGNED: _____ ON _____

SIGNATURE: _____ **DATE** _____