

FABIUS AREA COMMUNITY CENTER BUILDING

CONSENT AND ACKNOWLEDGMENT OF RESPONSIBILITIES

Date Submitted: _____ Purpose: _____

Event Day(s)/Date(s): _____

Event Time (8-hour block): Begins _____ Ends _____ Size of group: _____

Contact Person: _____ Phone: _____

Address: _____

Email: _____

Will food be served? Yes ___ No ___ If yes, catered? Yes ___ No ___

Catering Company and Contact Name:

Phone: _____

Email: _____

Will alcohol be served (no kegs allowed)? Yes ___ No ___

I, the undersigned, have read and understand the policies, procedures and terms concerning the rental of the Fabius Area Community Center ("F.A.C.C.") Building. I agree to strictly comply with the attached policies and procedures and to be bound by the terms of this agreement.

Signature of Applicant

Date

Accepted this ___ day of _____ 20__.

Signature of F.A.C.C. Representative

For use by F.A.C.C. Representative

Security Deposit (\$200.00)	Check # ____ Cash ____ . Destroy Check ____ Return Check ____
Building Use Fees: (100 people max.) Mon, Tue, Wed, Thu: \$100.00 Fri, Sat, Sun: \$150.00	Check # ____ Cash ____ . Received:
Key Out:	
Key In:	

PLEASE RETURN THIS FORM ALONG WITH APPLICABLE FEES TO:
7786 MAIN STREET, FABIUS, NY 13063

**** MAKE BOTH CHECKS PAYABLE TO "FABIUS TOWN CLERK" ****