## VILLAGE OF DANNEMORA COMMUNITY CENTER RESERVATION REQUEST

Updated 11/10/2021

	Event Name/Type:													Ongoing	
Request Made By:														0	
(Organization/Individual)														_	
Contact Person: Telephone:												Jan			
Address:							Email:							Feb	
Request Taken By:						Date:								<u> </u>	
CERTIFICATE OF INSURANCE REQUIRED FOR PHYSICAL ACTIVITIES/EVENTS												Mar			
Eve	nt Time:	All Day: Start Time:				End				Time:					
D U R A T I O N	Once:	Specific Date Requested:					Su	М	Tu	W	Th	F	Sa	Apr	
	Daily:		E	Every Da	ay		Su	М	Tu	W	Th	F	Sa	May	
	Weekly:		Eve	ry Wee	k on		Su	Μ	Tu	W	Th	F	Sa		
	Monthly:	Day of every(month)											June		
		Week	1	2	Day	М	Tu	W	Month						
		3	4	5	Th	F	Sa	Su	All					July	
	Seasonal:	From: To:													
	Yearly:	Every year on this date											Aug		
		Yea	•	Week	1	2	Day	М	Tu	W	Month			Sept	
		on	the	3	4	5	Th	F	Sa	Su					
Enc	Range:	No End: After X Occurrences: Date:													
		X =												Oct	
Lo	ocation	Cafeteria					Gymnasium				Field				
Rec	uested:	Break Room				Senior Center				Other:				Nov	
Parking/Special Needs/Notes:					RENT			On Calendar							
							2 hrs				On Sign				
								Addl			Rent Received			Dec	
							Total:		De	eposit F					
								Keys Issued				MONTHLY:			
Key Card # Issued:									Keys Returned						
										De	eposit F	Returned		МО	