



COMMUNITY CENTRE REQUEST Application

PLEASE CHECK (✓) YOUR PREFERRED CENTRE BELOW:

- | | |
|--|---|
| <input type="checkbox"/> Valarie O. Thomas | <input type="checkbox"/> Catherine & Gertrude Warner/ Purcell |
| <input type="checkbox"/> West End | <input type="checkbox"/> East End/ Long Look |
| <input type="checkbox"/> Emile Dunlop | <input type="checkbox"/> Long Trench/ Fahie Hill |
| <input type="checkbox"/> Brewer's Bay | |
| <input type="checkbox"/> Cane Garden Bay | |

Rec. Officer name: _____
 Date received: _____
 (month - day - year)

APPLICANT INFORMATION

| | | |
|--|-------------|--------------|
| Organizer/Applicant Full Name | (Last name) | (First name) |
| <i>If applicable,</i> Organization/Business Name | | |
| Contact Number(s) | (1) | (2) |
| Emergency Contact | (Full Name) | (Numbers) |
| Active Email Address | | |

EVENT INFORMATION

| | | | | | | | | |
|--|---|------------|-------------|----|---|------------|-------------|--------------------|
| Brief Event Description <i>(eg. Birthday party, Family/ Community meeting)</i> | | | | | | | | |
| Event Date | | | | to | | | | Total Days |
| | <i>month</i> | <i>day</i> | <i>year</i> | | <i>month</i> | <i>day</i> | <i>year</i> | |
| Event Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | to | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | Total Hours |
| Set-up Time <i>(time needed to set-up before the event)</i> | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | to | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | Total Hours |

PLEASE NOTE:

- APPLICANTS ARE REQUIRED TO CLEAN THE AREA USED IMMEDIATELY AFTER USE. DEPOSIT WILL BE RETURNED AFTER ASSESSMENT DONE BY CENTRE OFFICER.
- ALL APPLICANTS ARE TO BE 18 YEARS AND OLDER, WITH VALID GOVERNMENT ISSUED ID'S REQUIRED WITH APPLICATION.
- ONLY APPLICANTS ARE ALLOWED TO COLLECT AND RETURN KEYS TO AND FROM THE DEPARTMENT.
- **KEYS MUST BE RETURNED AT 9:00A.M THE NEXT WORKING DAY, FAILURE TO DO SO WILL RESULT IN ADDITIONAL FEES.**

| | | | | | |
|-------------------------------|--|-------------|--------------|------------|-------------|
| Signature Of Applicant | | Date | | | |
| | | | <i>month</i> | <i>day</i> | <i>year</i> |

FOR OFFICIAL USE ONLY

| | | | | | |
|-------------------|----|-----------------------|--|--|----|
| ID Type | | ID No. | | No. of Keys <i>(If applicable)</i> | |
| Centre Fee | \$ | Receipt Number | | Key Deposit <i>(If applicable)</i> | \$ |

FOR OFFICIAL USE ONLY CONTINUED - OFFICERS

| | | | | | |
|---|---------------------------------------|---|----------------------------|---------------------------|------------|
| Cleaning Deposit | \$ | Dep. Receipt Number | | Total \$ Collected | \$ |
| Assessment Officer Name | | | Assessment Date | | |
| | | | | <i>month</i> | <i>day</i> |
| Cleaning Clearance | Satisfactory <input type="checkbox"/> | Unsatisfactory <input type="checkbox"/> | Deposit Return Date | | |
| | | | | <i>month</i> | <i>day</i> |
| <i>If applicable,</i> Reason for Unreturned Deposit | | | | | |

| | | | | | |
|--|--|---|-------------|--------------|------------|
| Name/ Signature of Authorized Personnel | | Processed <input type="checkbox"/> | Date | | |
| | | | | <i>month</i> | <i>day</i> |