

**BUTLER TOWNSHIP COMMUNITY CENTER  
APPLICATION FOR USE**

ORGANIZATION: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

Street

City

State

Zip Code

AREA(S), ROOM(S), FACILITY OR SPACE REQUESTED:

- **Gym**
- **Wresting Room**
- **Meeting Room**

DESCRIPTION OF EVENT: \_\_\_\_\_

**SPONSOR/REPRESENTATIVE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

(REQUIRED TO BE ON SITE)

**CELL PHONE** \_\_\_\_\_

ANTICIPATED ATTENDANCE: \_\_\_\_\_

DATE(S)	DAY OF WEEK	TIME(S) (AM) (PM)
---------	-------------	-------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

LIST ANY ADDITIONAL DATES ON SEPARATE SHEET OF PAPER AND ATTACH

**NEEDS:**

- Lectern
- P.A. System \_\_\_\_\_
- Classroom Style
- Number of Chairs
- Concession: \_\_\_\_\_
- Other: \_\_\_\_\_

NOTE: PLEASE COMPLETE ALL LINES AND RETURN TO BUTLER TOWNSHIP, 415 WEST BUTLER DRIVE, DRUMS, PA. 18222 WITHIN THIRTY (30) DAYS OF THE FIRST EVENT. APPLICATIONS **WILL** **NOT** BE PROCESSED WITHOUT COMPLETED QUESTIONNAIRE, CERTIFICATE OF INSURANCE. NON-PROFIT ORGANIZATIONS MUST SUBMIT TAX CERTIFICATE.

**COMMUNITY BUILDING RENTAL FEES as of January 3, 2011**

<b>GYMNASIUM</b>	\$40.00/hr	Resident
	\$45.00/hr	Non-Resident
Multiple Rentals over 8 hours	\$20.00/hr	
(Refundable Clean-up Deposit)	\$50.00	
<b>MEETING ROOM</b>	\$30.00/hr	Resident
	\$35.00/hr	Non-Resident
Multiple Rentals over 8 hours	\$20.00/hr	
(Refundable Clean-up Deposit)	\$50.00	
<b>GYM &amp; MEETING ROOM</b>	\$60.00/hr	Resident
	\$65.00/hr	Non-Resident
Multiple Rentals over 8 hours	\$20.00/hr	
(Refundable Clean-up Deposit)	\$50.00	
<b>WRESTLING</b>	\$30.00/hr	Resident
	\$35.00/hr	Non-Resident
Multiple Rentals over 8 hours	\$20.00/hr	
(Refundable Clean-up Deposit)	\$50.00	

**Non-Profit groups may use the Meeting Room for free and can give donation for usage.**

**Rental Conditions:**

**Contract/Rental Agreement**

**Certificate of Liability Insurance to Indemnify Township**

**Equipment stored in building must be secured in own storage containers**

**Private Instructors wanting to hold regular classes must provide the following:**

**Certificate of Liability Insurance to Indemnify Township**

**Certification of Instruction**

**State Police Clearance if teaching children**



# IMPORTANT

Please sign and return

I, \_\_\_\_\_ have read and agree to follow the attached Butler Township General  
Print Name  
Provisions and Procedures included within the (Rental Policy RESOLUTION # \_\_\_\_\_ -Use of  
Community Building) as well as any other conditions placed on me or my organization by the BUTLER  
TOWNSHIP SUPERVISORS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Rental Date(s)

\_\_\_\_\_  
AREA(S), ROOM(S), FACILITY  
OR SPACE REQUESTED

\_\_\_\_\_  
Rental Fee Amount

\_\_\_\_\_  
Contact Person (PRINT)

\_\_\_\_\_  
Contact Phone Number



**For Office Use Only:**

**APPROVALS REQUIRED FOR BUILDING USE:**

**PRELIMINARY APPROVAL:** \_\_\_\_\_ **DATE:**  
RECREATION BOARD, CHAIRMAN

**FINAL APPROVAL:** \_\_\_\_\_ **DATE:**  
SUPERVISOR'S CHAIRMAN

**APPLICATION NOT APPROVED:** \_\_\_\_\_ **DATE:**  
TOWNSHIP MANAGER

**REASON:** \_\_\_\_\_  
\_\_\_\_\_