



BIRTHDAY PARTY/END OF SEASON LEAGUE PARTY ROOM REQUEST FORM

BERLIN PARKS AND RECREATION DEPARTMENT
BERLIN COMMUNITY CENTER
230 KENSINGTON RD.
BERLIN, CT 06037

Date: _____

Name: _____ Address: _____

Home Phone: _____ Email _____

Facilities available for rent include 4 meeting rooms, with a capacity ranging from 42-50 people per room. The activity room **cannot** be reserved and use may be denied based on use at time of rental. All room rentals are based on availability and are booked on a first come, first serve basis. Hours of rental are Monday-Thursday, 8:30 a.m.-8:15 p.m., Friday 8:30 a.m.-4:45 p.m. and Saturday 8:00 a.m.-11:45 a.m. You must be cleaned up and out of the building by closing time. The Community Center is closed on holidays and Sundays and is not available for rental on those days. If you include your email, we will send the confirmation to you.

Date of event: _____ Estimated Attendance: _____

Start Time: _____ End Time: _____

Food/refreshments to be served _____

Child's name (If a birthday party, name will be put on board in lobby i.e. Matthew's Birthday Party or Team name) _____

Applicant agrees to the following:

1. No decorations can be hung from the walls or ceilings. If tables and chairs are moved, they should be returned to their original set up and extreme caution should be used when moving furniture.
2. If doing any type of arts and crafts project, tables must be covered. See Community Center staff for newspaper.
3. Rooms must be left in the same condition as when you arrived. Broom, sponge, dustpan, etc. will be available for clean up. Deposit will be returned only if room is left in satisfactory condition. Staff on duty will note on request form, room condition, when you leave.
4. Applicant is responsible for providing proper supervision for everyone attending party.
5. Food/refreshments may be served, however, **alcoholic beverages are not allowed.** Food/refreshments should not be brought into the activity room.
6. Applicant must have room cleaned up and be out of building by closing, Mon-Thurs. 8:30 p.m., Fri. 5 p.m. and Sat. 12 p.m.

Room fees ó Checks should be made out to: **Town of Berlin**

Meeting room ó up to 4 hour rental - \$25

4 hours or longer rental - \$30

Deposit - \$50 ó (returned if room left in satisfactory condition)

By signing, applicant agrees to terms on form

Name _____ Date _____

Community Center staff sign off (for deposit return) _____

Room left in satisfactory condition Yes _____ No _____

If no, reason(s) why _____