

**Town of Berlin**  
**Parks and Recreation Department**  
**Community Center Room Rental application**

**\*\*Community Center Hours\*\***  
 Mon. thru Thurs. 8:30 a.m.-8:30 p.m.  
 Fri. 8:30 a.m.-5:00 p.m. Sat. 8 a.m.-12 p.m.  
 (Closed Saturdays in July & August)  
 closed on holidays, dates will be posted

Group Name \_\_\_\_\_ Non-profit\* \_\_\_\_\_ Profit \_\_\_\_\_

Contact Person \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone # H \_\_\_\_\_ W \_\_\_\_\_

Total number of participants in group \_\_\_\_\_ # of residents \_\_\_\_\_ # of non-residents \_\_\_\_\_

Age range of group-Children \_\_\_\_\_ Adults \_\_\_\_\_ # of children \_\_\_\_\_ # of adults \_\_\_\_\_

Nature of activity \_\_\_\_\_ Room requested – 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Dates (please list dates by the month) Please put beginning and end time you wish to meet

Sept. \_\_\_\_\_ Time \_\_\_\_\_ March \_\_\_\_\_ Time \_\_\_\_\_

Oct. \_\_\_\_\_ Time \_\_\_\_\_ April \_\_\_\_\_ Time \_\_\_\_\_

Nov. \_\_\_\_\_ Time \_\_\_\_\_ May \_\_\_\_\_ Time \_\_\_\_\_

Dec. \_\_\_\_\_ Time \_\_\_\_\_ June \_\_\_\_\_ Time \_\_\_\_\_

Jan. \_\_\_\_\_ Time \_\_\_\_\_ July \_\_\_\_\_ Time \_\_\_\_\_

February \_\_\_\_\_ Time \_\_\_\_\_ August \_\_\_\_\_ Time \_\_\_\_\_

**ALL REQUESTS WILL BE HANDLED ON A FIRST COME, FIRST SERVE BASIS AND MUST BE SUBMITTED IN ADVANCE FOR APPROVAL BY THE SUPERINTENDENT OF RECREATION.**

**ALL GROUPS/INDIVIDUALS AGREE TO THE FOLLOWING:**

1. To refrain from the use of alcoholic beverages and disorderly conduct.
2. To fully compensate the Town of Berlin for any damages to the Community Center or any equipment located herein. It is further agreed that all groups or individuals shall hold the Town harmless for any and all loss, damage or injury incurred by a person using the Community Center pursuant to this agreement and indemnify the Town for any moneys paid by the Town for any such loss, damage or injury.
3. To abide by all rules, regulations or ordinances governing the Town of Berlin Parks and Facilities.
4. All groups must notify the supervisor on duty when arriving and leaving and give them an attendance count.
5. A certificate of liability insurance for one million dollars, with the Town of Berlin on the policy as additional insured will be required of groups, as deemed necessary. If required, we must have it on file before allowing the group to use the facilities.
6. Please check if **non-profit** group and you are requesting a waiver of all fees – Yes\* \_\_\_\_\_ No \_\_\_\_\_

**\*Non-profit groups requesting a fee waiver must complete both sides of attached sheet**

Information furnished above is accurate and I do agree to the rules as stated.

Contact Persons signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent of Receptions signature \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Insurance required Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date received \_\_\_\_\_

Fee waived \_\_\_\_\_ Fee charged \_\_\_\_\_

PLEASE NOTE: The Berlin Parks & Recreation Department reserves the right to approve, deny or alter requests.

**Berlin Community Center, 230 Kensington Rd, Berlin Phone #860-828-7056, Fax #860-828-1627**