## FACILITY RESERVATION REQUEST

*All requests must be approved by the Recreation Department*

*If you already have an account, please fill in your last name & address and then you may skip to the facility request*

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| Primary Adult Member Information |
|  |  |  |  |  |  |  |  | Male / Female |
| First Name | **Last Name** | **Date of Birth** |  | **Gender** (circle) |
| Residential Address | **Mailing Address** (if not the same as residential address) |
| Emergency Contact Name & Number | **Physician Name & Number** |
| Email Address |  | **Allergies & Conditions** |
|   | Home / Work / Cell |  |   | Home / Work / Cell |
| Primary Phone | **Type** |  | **Alt. Phone 1** | **Type** |
|  | Home / Work / Cell |  | Yes / No |
| Alt. Phone 2 | **Type** | **Cellphone Carrier** | **Text Alerts Opt-In** |

## FACILITY REQUESTED

**Room Rental**

* Residents: $30.00 per two hours Room #9 Room #10
* Non-Residents: $45.00 per two hours Room #9 Room #10
* \*Please note: Rentals that are not within regular department hours, are responsible for paying a Recreation Staff member at the rate of $12.00 per hour in addition to the rental fee.

**Gym Rental**

* Residents: $70.00 per two hours
* Non-Residents: $85.00 per two hours
* \*Please note: Rentals that are not within regular department hours, are responsible for paying a Recreation Staff member at the rate of $12.00 per hour in addition to the rental fee.

**Birthday Party Rentals (Includes the Gym and Room #9)**

* Residents: $95.00 per two hours. $40.00 per additional hour.
* Non-Residents: $110.00 per two hours/$40.00 per additional hour.

**A $35.00 Cleaning/Security Fee is required for all birthday parties. The deposit is refundable if the gym, classroom, and equipment room is cleaned by the renter, there is no damage, and there are 30 children or less in attendance.**

**Concerts, dance recitals and or/performances etc.**

* $300 per four hours (If approved by the Recreation Commission)

**A $100.00 Cleaning/Security Fee is required for all events. The deposit is refundable if the room is cleaned by the renter and there is no damage to the facility.**

**Utilization of Town Green**

* Use of Town Green must be approved by both the Town Administrator and the Recreation Director. Request the date with Recreation then submit a letter of request to the Town Administrator upon approval from the Recreation Director.
* \*Please note: Rentals that are not within regular department hours, are responsible for paying a Recreation Staff member at the rate of $12.00 per hour for restroom access.

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| RESERVATION DATES REQUEST |
|  |  |  |  |  |
| Start Date | **Start Time** (include set-up) |  | **End Time** (include clean-up) |
| Daily Weekly Monthly None-Single Day |  |  |
| Recurrence Pattern (circle) |  | **Explain Pattern:** (Ex: Thursdays every 2 weeks) |
|  |
| Exclusion Dates (please list all dates including holidays that you will not be renting) |
| End after \_\_\_\_\_\_\_occurrences OR End by \_\_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_ |

**Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make checks payable to Pembroke Recreation.**

Send to: Pembroke Recreation

100 Center Street, Pembroke, Ma. 02359 OR

Hand Deliver to: Pembroke Recreation

128 Center Street, Pembroke (Community Center)

## DISCLAIMER

The Pembroke Recreation does not carry insurance on participants and assumes no liability for injuries sustained while participating in our program. Recreation Program participants participate in a number of competitive sports and the by signing this release I recognize and understand that injuries can occur while participating and can be an inherent and unavoidable consequence of some activities. Having read this disclaimer I hereby consent to my participation and or my child’s participation in Pembroke Recreation’s voluntary programs and agree to hold Pembroke Recreation, its commissioners, coaches, directors and managers harmless from any and all actions, claims and damages for personal injuries and disabilities that we may sustain or incur as a result of participation in this program or rental.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
| **FOR OFFICE USE ONLY****Rental Fee $\_\_\_\_\_\_\_\_\_\_\_ Type:** Flat Fee Per Hour Per Day**Refundable Deposit Fee $**\_\_\_\_\_\_\_\_\_\_\_Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

I understand that every effort will be made to contact the emergency contact person in case of an emergency requiring medical attention for me or my child. However, if that person cannot be reached, I hereby authorize the Pembroke Recreation Department to transport me to the nearest hospital and to secure the necessary medical treatment. By signing below I grant the Pembroke Recreation Department permission for medical emergency authorization.

**Birthday Partie**s: I, the undersigned, have read and understand the Pembroke Recreation’s rules and regulations pertaining to birthday parties. In addition, I agree to assume all financial liability and replacement responsibility for any damages, which occur on my behalf to the facility or the equipment that exceed my security deposit.