Adirondack Community Outreach Center
General Use Application

Please complete and return this form at least two weeks prior to requested use.
The areas in the Adirondack Community Outreach Center that can be utilized for your gathering/meeting are the large meeting room, small kitchen, and two bathrooms in the upstairs portion of the building.

Please check off which room(s) you are interested in using for your event.
□ Meeting Room □ Kitchen
Organization (person) submitting request: _____

Type of activity: _____

Date of use _____ Beginning time: _____ End time: _____

Please read and sign below:
The person/organization requesting use of the Adirondack Community Outreach Center space agrees that:

1. A refundable $50.00 deposit is to be collected prior to the event, to insure that the facility is left in the condition in which it was found.
2. Only the part of the building indicated above is to be used.
3. The person/organization assumes full responsibility for any and all claims of any nature that may be made against ACOC in any way arising out of or related to the above use of the building and grounds.
4. No alcohol or tobacco use is allowed.
5. Person/organization assumes full responsibility for any and all damages to the building and contents occurring either directly or indirectly during the period of use.
6. Upon termination of use, the person/organization will remove all garbage and debris, including the cleaning out of food and beverages from the premises, taking all necessary steps to ensure that the facility is in the same condition as it was before use.
7. Clean up is to be done immediately after use. Returning later to do so is not acceptable since other persons or organizations need to use the building.
8. The ACOC will not be responsible for items left behind.
9. We reserve the right to limit use of this building for activities that do not fit with our mission.

Please indicate consent to the above conditions by signing below and delivering to the ACOC.

I have read the conditions, and I agree to comply with all responsibilities as stated.

Signature: _____

Printed Name:_____ Date: _____

Address: _____

Phone: _____ Email: _____

Signature of ACOC Director_____ Date:_____

Adirondack Community Outreach Center
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