Bordentown Township Senior Community Center

3 Municipal Drive
Bordentown NJ 08505
(609)-298-7811

**RESIDENTS ONLY**

**Facility Use Form:**

Name of Group: _____ Phone: ----------

Address: _____ Fax: ----------

Contact Person: ---------- Number of Participants: ----------
Type of Activity: ----------
Date of Activity: ---------- Time Requested: ----------to----------

Rooms Requested: ----------Main Room----------Community Room----------Kitchen

**Guidelines for Use:**

1. Senior Citizens Activities, meetings and events have priority use of the building.

2. All other community, non-profit groups and /or clubs may use the building, if not in priority use, as approved by the Township Administrator/Personnel. Applications for use of the building must be filed with the Township Administrator 2 weeks before the date requested.

3. A contract shall be signed by all groups, which will include liability insurance, clean up and constituting the understanding of the buildings rules and policies. All groups shall submit a Certificate of Insurance for all events. A Waiver of this requirement can be granted by the Township Administrator.

4. No storage of any materials, supplies or equipment is allowed unless approved by the Township Administrator.

5. Scheduled groups shall arrange for delivery and removal of equipment when necessary, with the Township Administrator.

6. Smoking, the use of smoke machines, candles or fog machines are **NOT PERMITTED** inside the building.

7. Alcohol is **NOT PERMITTED** inside the building.

8. All groups may not be the coffee machines, slicers, freezer or refrigerators inside the kitchen. The ice machine, stove and ovens **may** be used.

9. A security deposit of $300.00 is required. An application fee in the amount of $50.00 will be retained by the township. A waiver may be granted by the Township Committee.

Signature of Applicant: _____ Date: _____

# HOLD-HARMLESS AGREEMENT

# FOR SENIOR CENTER RENTAL

Between the Township of Bordentown and _____(contractor)

**WITNESSETH:**

1. _____ (Contractor) agrees to release, indemnify, and hold Harmless the Township of Bordentown and its employees from and against any loss, damage, or liability arising out of or in any manner relating to the use of Senior Community Center.

2. The applicant has furnished the Certificate of Insurance with limits of liability described below:

Workers Compensation/Employee Liability_____

General Liability_____

Automobile Liability_____

Umbrella Liability _____

A true copy of the Certificate of Insurance is attached.

3. The facilities will be used for the following purpose and no other:

Event_____

Date: _____ Rain Date: _____

Dated: _____ Signed: _____

Sworn to and subscribed before me this _____ day of _____20_____.

_____

Notary Public

Current 10/2011

# KEY DEPOSIT FORM SENIOR CENTER

NAME OF GROUP/INDIVIDUAL _____ DATE OF RESERVATION _____

CONTACT PERSON (PLEASE PRINT) _____ TIME OF RESERVATION _____

ADDRESS _____ PHONE – HOME AND BUSINESS _____

FACILITY: _____NCP _____JLP

METHOD OF PAYMENT _____CHECK _____MONEY ORDER

AMOUNT RECEIVED: $_____ RECEIVED BY: _____
TOWNSHIP EMPLOYEE

The keys issued are for the time and dates listed as approved by the Public Works Department. Unauthorized use at any other time will result in the loss of future use of the facilities. The keys will be issued no sooner than that day of the function. **The keys must be returned in person to the Police Department the evening of your event. If the keys are not returned on time you will forfeit your deposit.**

Upon receipt of the returned keys, an inspection of the facilities will be conducted to insure the facility was left in the same condition as received. Your refund less any expense for damages or cleaning will then be processed.

I, the undersigned, understand and assume responsibility for the keys and facility listed and approved by the and will abide by the regulations as set forth by the Township of Bordentown.

_____ _____
Signature of Applicant (pick-up) Date

_____ _____
Signature of Applicant (return) Date

Current 10/2011

*NOTICE – All Bills must be submitted one week prior to the second or fourth Monday of each month*

# TOWNSHIP OF BORDENTOWN

1 Municipal Drive
Bordentown, New Jersey 08505
Phone: (609) 298-2800

Pay To: _____

Address: _____

| PO # | DATE | ITEMIZED DESCRIPTION OF GOODS OR SERVICES RENDERED | PRICE | AMOUNT |
|---|---|---|---|---|
| | | REFUND SENIOR CENTER DEPOSIT | | $ 250.00 |
| | | *Total* | | $ 250.00 |

***Claimant's Certification and Declaration***

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or person with the knowledge of this claimant in connection with the above claim; that the amount stated therein is justly due and owing and that the amount charged is a reasonable one.

_____

SIGN HERE  OFFICIAL POSITION  DATE

| APPROPRIATION OR ACCOUNT CHARGED | | | | |
|---|---|---|---|---|
| | | | The articles were received or the services were rendered as stated above. | PAYMENT AUTHORIZED<br>The above claim was paid at a meeting held on _____ |
| | | | | _____<br>Clerk |
| | | | The above claim is approved as correct. | PAYMENT RECORD<br>Date |
| | | | | Acct. |
| | | | Mayor | Check No. |