

Bordentown Township Senior Community Center

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

RENTAL NON-RESIDENT

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 \$400.00 is required. A use fee in the amount of \$100.00 and an application fee 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



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 The above claim was paid at a meeting held on _____
	The above claim is approved as correct.		
			PAYMENT RECORD
			Date _____
			Accl. _____
			Check No. _____