



Town of Pittsford

Room Use Application Form

Recreation Department • 35 Lincoln Ave • Pittsford • 14534 • 585-248-6280

APPLICANT INFORMATION

Name: _____ Date: _____

Organization Name: _____

Address: _____

Town: _____ Zip Code: _____

Email address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FACILITY INFORMATION

Facility:	Room: _____
<input type="checkbox"/> Spiegel Community Center <input type="checkbox"/> Pittsford Community Library	<input type="checkbox"/> Mile Post School

RESERVATION INFORMATION

Starting Date: _____		Ending Date: _____	
Time requested:	Time requested:	Actual time of event:	Actual time of event:
From: <input type="checkbox"/> am <input type="checkbox"/> pm	To: <input type="checkbox"/> am <input type="checkbox"/> pm	From: <input type="checkbox"/> am <input type="checkbox"/> pm	To: <input type="checkbox"/> am <input type="checkbox"/> pm
Estimated attendance: _____			
Type of Activity: <i>(Please be specific)</i> _____			

By signing below I acknowledge that I have read and agree to the Pittsford Community Library or Town of Pittsford Room Use Rules and Regulations and assume all responsibility for use of the facility. I further understand this reservation is nontransferable to a person, group or organization.

Signature: _____ Date : _____

All reservation requests submitted online or in person are subject to review and confirmation by Town of Pittsford staff.

OFFICE USE ONLY		
Date Received: _____	Staff Initials: _____	Receipt #: _____