



LACKAWANNA SENIOR CENTER RESERVATION FORM

NAME OF
GROUP/ORGANIZATION _____

CONTACT
PERSON _____

SIGNATURE _____

PHONE# _____ DATE OF EVENT _____

TIME OF EVENT _____ INSURANCE ____ YES ____ NO

RULES FOR USE OF SENIOR CENTER

Group or organization is responsible for **all clean up**. All trash is to be bagged properly and left in on pick up area.

****PLEASE NOTE:** Failure to comply with the above rules will result in loss of future use of the Senior Center. **THIS WILL BE STRICTLY ENFORCED.**

I _____ have read and agree to abide with the above rules as stated.