



Brookston Community Center

Facility Use Request Form

Funerals have priority over any event.

Purpose of Request: _____

Number of guests expected: _____

Room Requesting: (circle one) Dining Room Gym Youth Craft Room Adult TV
Adult Game Adult Craft Youth Game Room
Park Hockey Rink Other: _____

Date(s) Requesting: _____

(Please confirm with calendar for availability.)

Begin Time: _____ End Time: _____

*All parties are responsible for bringing their own supplies/equipment example: cooking utensil etc.
Persons making the request are responsible for leaving the facility in good condition when event is over.
Management reserves the right to collect payment for any damages.*

NAME OF ORGANIZATION _____

PERSON MAKING REQUEST: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

Facility Use Only

Date received: ____/____/____ Received by: _____

Approved: _____ Denied: _____ Date: _____

Center Manager Signature: _____

Cc: Requester
Maintenance/Security
Front Desk