

DELAWARE TOWNSHIP COMMUNITY CENTER
9094 E 131st Street Fishers, IN 46038
RESERVATION REQUEST/CONFIRMATION
2022

DELAWARE TOWNSHIP

United we Serve

Today's Date: _____

Group/Organization Name: _____

Contact Person: _____

Address: _____

Phone: _____ 2nd Phone/Cell _____

E-Mail Address: _____

Description of Function: _____

Name of Program as advertised, if applicable: _____

Estimate Number of People Attending: _____ Will you be serving alcohol: _____

Function Date	Function Day	Rental Times	# of Rooms	Rental Fee
		until		
		until		
		until		
Catering Kitchen (\$100) Yes _____ No _____				

Township Use:

Reservation Approved by: _____ Total Rental Fees: _____

Payment Date	Amount	Check #	Receipt #	Balance Due

NOTES: _____

Deposit Amount:

\$300 \$500 Date Received: _____ Deposit Returned: _____

Key # Issued: _____ Date of Issue: _____ Key Returned: _____

DELAWARE TOWNSHIP COMMUNITY CENTER FACILITIES CONTRACT

I agree personally and on behalf of the group/organization named below to be responsible for and hold harmless Delaware Township or its constituents for any loss, injury or accompanying expense of fee to any person or their property during the use of Township property.

I have received a copy of the Community Center Use Policy

I agree to pay the established fees as set out within the Facility Use Policies and any additional fees which may result from damage during use by the group/organization named below as identified in the Facility Use Policies.

I agree to accept responsibility for the access key(s) and to ensure that the facility is properly opened, closed and secured upon departure. I agree to return the key(s) to the Delaware Township Trustee's Office in a timely manner following the meeting/event designated below and to cooperate with the Township and its designated representatives.

I agree not to hold Delaware Township responsible for any lost or missing items that are left behind after our event.

Applicant's Signature: _____ Date: _____

Printed Name: _____

In order to make your event successful please make sure you have the following items to the Delaware Township Trustee's Office by the requested dates:

Second Payment of \$ _____ By _____

Deposit of \$ _____ By _____

Floor Plan/Layout and additional items requested by _____

Thank you for choosing the Delaware Township Community Center for your event. If you have any questions, please feel free to contact our office at 317-842-8595 or by E-mail at manya@delawaretownship.net. Our office hours are 9:00 am to 4:00 pm Monday through Friday.

Sincerely,



Deborah R. Driskell,
Township Trustee

Deposit Return

By signing below, I acknowledge that I the damage deposit has been returned to me (less any damage charges if applicable).

Signature: _____ Date: _____ Amount: _____
