



**CATSKILL COMMUNITY CENTER**

344 Main Street – PO Box 389

Catskill, NY 12414

(518) 719-8244

[office@catskillcommunitycenter.org](mailto:office@catskillcommunitycenter.org)

**APPLICATION FOR THE USE OF BUILDING**

Name of Organization \_\_\_\_\_

Type of Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) Requested \_\_\_\_\_ Time(s) Required: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Average age of group: \_\_\_\_\_

Purposed Use of Space (Event Name and Description) \_\_\_\_\_

Preferred Room (please circle):

ANNEX  
102

GALLERY  
64

UPSTAIRS  
274

KITCHEN  
20

You will receive verbal and/or written notification once your request has been reviewed and a decision is made. At the time of approval any rental fees, deposits and/or liability insurance must be provided immediately upon receipt of approval letter. In the event of a cancellation, you must notify us three (3) days prior to the scheduled event or your rental fee will not be refunded; however, your refundable deposit will be returned.