

# CCC General Rental Form

**\*\*To be completed by the event organizer or person responsible for the event.\*\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Room Requested:** (X) ( ) MPR- A & B ( ) Gym 1 ( ) Pool  
( ) MPR – A (with kitchen access) ( ) Gym 2 ( ) Concession  
( ) MPR – B (no kitchen access) ( ) Gil Lay Arena ( ) CCC Arena  
( ) Saylor Dining ( ) Saylor Pavillion ( ) Saylor Gym

**Start Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_

**End Date:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**\*\*Please Be Aware That Your Time Requested Must Include Set-Up, Clean Up & Tear-Down\*\***

**Type of Function:** \_\_\_\_\_ **Estimated Attendance:** \_\_\_\_\_

Will you be charging participants?  Yes  No

If so, how much are tickets? Adults \_\_\_\_\_ Children \_\_\_\_\_ Passes \_\_\_\_\_

Will you be selling food?  Yes  No

Will you be selling vendor space?  Yes  No

Who will the proceeds directly benefit?

## **Other Supplies Needed:**

## **Check status:**

1.  Enrolled Seneca  Native CCC Member  Non Native CCC Member

2.  NONPROFIT (501c3 form)  SNI Government Department  Fundraiser

3.  Youth Org./ Team  Adult Org./ Team  Seneca Community Org.

# CCC General Rental Form

The undersigned hereby makes application to the Cattaraugus Community Center (CCC) for the use of the above requested facility and certifies that the information on the application is correct. The undersigned acknowledges that the deposit is \$ \_\_\_\_\_ and rental fee is \$ \_\_\_\_\_ per hour. The undersigned agrees to exercise the utmost care in the use of the premises/property. The applicant agrees to adhere to all rules and regulations pertaining to the use of the facility and to reimburse the Seneca Nation of Indians for any damages arising from the applicant's use of said facility. Any accident involving injury to participants or damages to facilities will be reported to CCC Security immediately. I/we further agree to indemnify, defend and hold harmless the SNI, CCC Employees, and Volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or loss or damage to property, which arises out of our/my rental of these facilities. CCC is not responsible for lost or stolen property. I/we also understand that all CCC rules and regulations apply to this rental application. I/we acknowledge that I/we have received and reviewed the information in this form and attachment.

Name (print): \_\_\_\_\_

Title (for Org.): \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

\*Person to return deposit to: \_\_\_\_\_

\*Address to mail deposit to: \_\_\_\_\_

## \*Office Use Only\*

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Reception:  
Available: Yes / No

Time Received: \_\_\_\_\_

Deposit Amt: \_\_\_\_\_

Fee Amount: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Approved

Denied

Administration Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

Entered by/date: \_\_\_\_\_

Notes: \_\_\_\_\_

Notified by/date: \_\_\_\_\_

Deposit paid/date:  \_\_\_\_\_

Rental Fee paid:  \_\_\_\_\_

Pre/Post Inspection Done: Yes / No