

SOUTHAMPTON YOUTH SERVICES, INC.

APPLICATION FOR BUILDING USE

Directions: Please obtain and review the SYS User Handbook. Sign the final page of the User Handbook. Complete this Building Use Request. Submit both forms with copy of insurance to SYS, Inc. Every effort will be made to honor your request. If, however, there is a scheduling conflict, all applications will be honored on a first come, first serve basis.

Name Of Group or Organization: _____

Address: _____

Phone: _____ Fax: _____

Name Of Person Representing Group: _____

Address: _____

Name Of Person (Adult) Supervising the event _____

Date(s) desired for use: _____

Times: _____

SYS area you are requesting: _____

Describe planned use for facility: _____

PLEASE NOTE: All organizations are required to submit a liability insurance certificate naming Southampton Youth Services, INC. DBA Southampton Town Recreation Center as an additional insured (minimum \$ 1,000,000.00) two weeks prior to the date of your event or use of SYS property.

I have read the rules governing the use of the SYS facility and have carefully reviewed the SYS Users Handbook. These rules and obligations have been explained to everyone within my organization using the SYS facilities. I am fully authorized to pledge my organization to a faithful execution of all rules and requirements including the payment of the Utilization Fee, accepting full responsibility for damage done to SYS property by those participating or in attendance to the event and to make payment to SYS, Inc. upon immediate receipt of invoice. In the event of an injury I hereby release, indemnify, and hold harmless Southampton Youth Services, Inc. employees, officers or sponsoring agencies.

Signature: _____ Date: _____

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|---|-------|------------|-----------------------------|
| SYS, Inc. Office Use Only | | | |
| Date complete application received: _____ | | | |
| By whom was it received: _____ | | | |
| Approved as requested? | Yes | No | If no what change occurred? |
| Fee Charged: | _____ | Damages: | _____ |
| Other Charges Due: | _____ | Date Paid: | _____ |