

**TOWN OF BALLSTON
WILLIAM SEWELL COMMUNITY ROOM REQUEST**



Today's Date _____

Name of Organization _____

Contact Person _____

Address _____

Phone Number _____

Alcohol Use Requested Yes _____ No _____

Proof of Insurance Coverage Yes _____ No _____

Does Your Organization Carry Liability Insurance Yes _____ No _____

Number of People Attending _____

Date(s) Requested _____

Time Requested _____

Signature _____

Please Note: William Sewell Community Room Fee, if applicable, is due at least 1 week prior to the event. Carry-in, Carry-out Policy is in effect for all events.

Please sign and return this form to the: Town of Ballston Town Clerk
P.O. Box 67
Burnt Hills, N.Y. 12027