



TOWN OF BALLSTON
WILLIAM SEWELL COMMUNITY ROOM REQUEST
518.885.8502 ext 10 or ext 29

Today's Date _____ Date(s)/Time Requested: _____ Number of Guests expected: _____

Name of Organization (if any) _____

Is this a non Profit 501 (c)(3)? Yes No Type of Event: _____

Name of Person Renting the Room _____

Address _____

Phone Number _____

Are you a Resident? Yes No If No, please provide the name, address and phone number of a Town of Ballston resident who will sponsor your rental:

Alcohol Use Requested? Yes No Proof of Insurance Coverage? Yes No

Does Your Organization Carry Liability Insurance? Yes No

Signature of Applicant: _____

Please Note: It is the responsibility of the Applicant to pick up a key to the building from the Town Clerk prior to the event. William Sewell Community Room Fee, cleaning deposit, and proof of insurance is due at least 1 week prior to the event. Carry-in-Carry-out Policy is in effect for all events. Please notify the Town Clerk's Office of any damages or occurrences during your rental.

Please be advised that Senior Meals are provided in our Community Room Monday through Friday until 1pm. Any room reservation including any required set up must take place after 1:00 p.m. Monday through Friday. Thank you for your courtesy and understanding.

Please sign and return this form to the: Town of Ballston Town Clerk
323 Charlton Rd
Ballston Spa, NY 12020