

FACILITY USAGE REQUEST KELLEY HILL RECREATION CENTER

Day of Week _____ Date _____ (Month/Day/Year)

Kelley Hill Rec Center Operating Hours: Monday - Friday 1100-2100, Closed on Weekends and Holidays.

Unit and Type of Activity: _____

Activity Start Time: _____ Finish Time: _____ Setup time: _____

How many will be attending or expected: _____

Room(s)/Facility needed: _____

(Ball Room, Small Movie Room 1, TV Room 2, Outdoor Patio, Outdoor Deck Area, Restrooms by Pool etc.)

Set up requirements, special arrangements: _____

(Tables, chairs, PA System, podium, food service plans, etc.) (Only recreation center staff can operate visual and audio system)

**Note: User is responsible for set-up and tear down, trash removal, floor, latrines and return of facility to reasonable condition.
Children MUST be supervised at all times.**

POC responsible for the facility usage:

Name _____

Email address _____

Unit _____

Phone Number _____

Alternate POC responsible for the facility usage:

Name _____

Email address _____

Unit _____

Phone Number _____

Approval:

Rec Center Manager _____ Date _____

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