Ardsley Community Education Center
2828 Spear Avenue, Ardsley, PA 19038
Telephone: 215-576-1630

F A C I L I T Y U S E A P P L I C A T I O N

Name of Organization _____ Date _____
Type of Organization _____ (non-profit, educational, civic, social, religious, service, recreational, political, private, commercial)
Address _____ Zip _____ Phone _____
Person in Charge, Title _____

Facility Requested

- Gymnasium
- Stage
- Reading Room
- Activity Room
- Large Activity Room
- Art Room
- Cafeteria
- Field
- Other

Equipment Requested

- Chairs
- Tables
- Other _____

Special Considerations: _____

Program Date(s) _____ Days of Week _____
Hours _____ No. of Supervisors _____ No. of Participants _____
Purpose (Be Specific) _____

Will an admission fee be charged? _____ If yes, state amount: $_____ per _____
What are proceeds to be expended for? _____
The program is open to: the general public an organizational membership

I hereby agree that I have read the rules and regulations attached to this application and agree to abide by the same and to leave the facility in a clean and orderly condition. **FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.**

_____
(Signature) Date
(If under 21, signature of parent or guardian)

NOTES: