

TOWN OF PINE PLAINS – COMMUNITY CENTER  
P.O. Box 955  
Pine Plains, NY 12567-0955  
518-398-8600

ORGANIZATION/DEPARTMENT: \_\_\_\_\_

OR

REQUESTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE(S) REQUESTED:  
\_\_\_\_\_

DESCRIPTION OF EVENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTUAL TIME OF EVENT START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

ADDITIONAL SET UP TIME: \_\_\_\_\_

ADDITIONAL CLEAN UP TIME: \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_

Resident Fee \$50.00 cash check number: \_\_\_\_\_

Non-Resident fee \$100.00 cash check number: \_\_\_\_\_

Security Deposit \$50.00 cash check number: \_\_\_\_\_

Room Check  Initials: \_\_\_\_\_ Date key/security check returned: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_

*\*Final approval of this request requires a signature from the Town Supervisor.\**