



**Town of Shrewsbury MA  
Council on Aging  
Senior Center  
98 Maple Avenue  
Shrewsbury MA 01545-5125**

**Sharon Yager  
Director**

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**508-841-8641  
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**Senior Center Use Request and Agreement Form:**

**Request:**

Name of Organization: \_\_\_\_\_

Request Date: \_\_\_\_\_ Day Needed: \_\_\_\_\_

Time of Meeting, Activity or Program: \_\_\_\_\_ am pm to \_\_\_\_\_ am pm

One-Time Only: \_\_\_\_\_ Monthly: \_\_\_\_\_ Weekly: \_\_\_\_\_

**Space You Are Requesting:** Hall: Entire Side A Side B Kitchen

Other Space: Craft Room Drop-In Lounge Conference Room Medical Room

Patio Bocci/Horseshoe Court area

Number of Participants Expected: \_\_\_\_\_

**Set up and Equipment:**

Please indicate room arrangement (for which the organization is responsible)

Chairs and Square Tables Chairs and Round Tables Head Table Podium Chairs in Rows Other: \_\_\_\_\_

Audio-Visual Needs:

VCR LCD Projector Overhead Screen Television DVD player Cordless Microphone Regular Microphone Outdoor Sound system

In addition to the meeting time, how much additional time will you need:

Before, to set up: \_\_\_\_\_ After, to clean up and restore the space: \_\_\_\_\_

Other equipment that are needed: Coffee Maker Other Items in Kitchen \_\_\_\_\_

Any storage requirements: \_\_\_\_\_

**Agreement:**

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Representing \_\_\_\_\_, I have read the Senior Center Policy and Procedures of the Council on Aging and agree that our organization will adhere to its guidelines. I understand that if the organization does not comply, it may jeopardize future use.

\_\_\_\_\_  
Signature

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

**COA Approval:**

***FOR COA USE ONLY:***

Day and time assigned for use: \_\_\_\_\_

Space will be made available, with the understanding that adjustments may be necessary on occasion by the COA:

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

Copy of this agreement given to: \_\_\_\_\_