



# Town of Scarborough, Maine

## DEPARTMENT OF COMMUNITY SERVICES

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### Important Information for Applicant

- Please complete the entire form.
- Applicant is considered the authorized representative and does agree to ensure that all Community Services policies will be followed and, further, does agree to pay all costs pertaining to event use.
- Any group anticipating over 500 in attendance at an event must have Scarborough Police approval in writing before Community Services approval.
- Rainouts must be rescheduled through the Office of Community Services.
- We ask that all facility requests be submitted at least seven days in advance so that we may better meet your needs.

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### Applicant Information

**Name of Applicant:** \_\_\_\_\_ **Name of Organization:** \_\_\_\_\_

P.O. Box (if applicable)                      Street                      Town                      State                      Zip Code

E-mail Address                                      Work Telephone                                      Cell Phone

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### Facility Information

Facility Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Signature Required

I have read the above information and agree to follow all Community Services policies and pay all costs pertaining to event use.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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#### *For Community Services Staff Only:*

Reservation #: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Reserved by: \_\_\_\_\_ Payment Date/Method: \_\_\_\_\_

\_\_\_\_\_  
Todd Souza C.P.R.P.

\_\_\_\_\_  
Date