

Pembroke Recreation Department

Community Center, 128 Center Street Pembroke, MA 02359
Phone: 781-293-3249 or Fax 954-606-1707
E-mail: PemRecSue@comast.net or PemRecAlanna@comcast.net

FACILITY RESERVATION REQUEST

All requests must be approved by the Recreation Department

If you already have an account, please fill in your [last name & address](#) and then you may skip to the facility request

Primary Adult Member Information				
First Name	Last Name	Date of Birth	Grade	Male / Female Gender (circle)
Residential Address		Mailing Address (if not the same as residential address)		
Emergency Contact Name & Number		Physician Name & Number		
Allergies & Conditions				
E-mail Address	Yes / No General Announcement Opt-In		Yes / No Cancellation Opt-In	
Primary Phone	Home / Work / Cell Type	Alt. Phone 1	Home / Work / Cell Type	
Alt. Phone 2	Home / Work / Cell Type	Cellphone Carrier	Yes / No Text Alerts Opt-In	

FACILITY REQUESTED

Room Rental

- Residents: \$30.00 per two hours
- Non-Residents: \$45.00 per two hours
- Room #9
- Room #10

Gym Rental

- Residents: \$60.00 per two hours
- Non-Residents: \$75.00 per two hours

Birthday Party Rentals (Includes the Gym and Room #9)

- Residents: \$75.00 per two hours. \$35.00 per additional hour.
- Non-Residents: \$90.00 per two hours/\$35.00 per additional hour.

A \$35.00 Cleaning/Security Fee is required for all birthday parties. The deposit is refundable if the room is cleaned by the renter, there is no damage, and there are 30 children or less in attendance.

Concerts, dance recitals and or/performances etc.

- \$300 per four hours (If approved by the Recreation Commission)

A \$100.00 Cleaning/Security Fee is required for all events. The deposit is refundable if the room is cleaned by the renter and there is no damage to the facility.

Utilization of Town Green

- Use of Town Green must be approved by both the Town Administrator and the Recreation Director. Request the date with Recreation then submit a letter of request to the Town Administrator upon approval from the Recreation Director.
- If the building needs to be open for Town Green use that is not within the Recreation Department's regular hours then, the party or organization is responsible for paying a Recreation staff member directly at the rate of \$15.00 per hour.

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RESERVATION DATES REQUEST

Start Date	Start Time (include set-up)	End Time (include clean-up)
Daily Weekly Monthly None-Single Day		
Recurrence Pattern (circle)	Explain Pattern: (Ex: Thursdays every 2 weeks)	
Exclusion Dates (please list all dates including holidays that you will not be renting)		
End after _____ occurrences OR End by ____ / ____ / _____		

Event Name: _____

Description of Event: _____

Please make checks payable to Pembroke Recreation.

Send to: Pembroke Recreation
100 Center Street, Pembroke, Ma. 02359 OR

Hand Deliver to: Pembroke Recreation
128 Center Street, Pembroke (Community Center)

DISCLAIMER

The Pembroke Recreation does not carry insurance on participants and assumes no liability for injuries sustained while participating in our program. Recreation Program participants participate in a number of competitive sports and the by signing this release I recognize and understand that injuries can occur while participating and can be an inherent and unavoidable consequence of some activities. Having read this disclaimer I hereby consent to my participation and or my child's participation in Pembroke Recreation's voluntary programs and agree to hold Pembroke Recreation, its commissioners, coaches, directors and managers harmless from any and all actions, claims and damages for personal injuries and disabilities that we may sustain or incur as a result of participation in this program.

I understand that every effort will be made to contact the emergency contact person in case of an emergency requiring medical attention for me or my child. However, if that person cannot be reached, I hereby authorize the Pembroke Recreation Department to transport me to the nearest hospital and to secure the necessary medical treatment. By signing below I grant the Pembroke Recreation Department permission for medical emergency authorization.

Signature

Date

FOR OFFICE USE ONLY

Rental Fee \$ _____ **Type:** Flat Fee Per Hour Per Day

Refundable Deposit Fee \$ _____

Approved by: _____ Signature: _____