

Shrewsbury Senior Center Facility Use & Program Application Form

Today's Date: _____ Name: _____

Use type: ___ Instruction: ___ Non-profit ___ Shrewsbury.gov: ___ Business

Program Type: ___ Public ___ Private Are You a Shrewsbury Resident? Yes: ___ No: ___

Address: _____

Telephone: _____ Email: _____

Program or Event Name: _____

Program level (if applicable): ___ Beginner ___ Intermediate ___ Expert

Number of people expected: _____

Is this a repeated event? How often? _____

Date(s) Requested (6 month maximum): Start Date _____ to End Date _____

Please check mark requested day(s)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					NA

Shrewsbury Senior Center hours M-F 8:00am – 4:30pm

Start time: _____ End time: _____ Duration: _____

FOR INSTRUCTORS ONLY

Will you be charging for materials? No: ___ Yes, amount: \$ _____

Will you be asking for donations or receiving participant incentive pay from the COA?

___ Donations ___ \$5 Participant Incentive Pay

**As of May 1, 2021 Participant Incentive Pay is \$5 per class/activity participant.*

*This is for instructional programming only and **does not apply to clubs.***

Do you have any certifications? ___ Yes (please attach certifications) ___ No

I/We have read the Shrewsbury Senior Center Policies and Procedures and Council on Aging FY21 COVID-19 Operations Plan. I/we agree to comply with the conditions.

Signature(s): _____ Date: _____

STAFF ONLY

Shrewsbury Senior Center Room Assignments for Instructors

Conference	Medical	Craft	Lobby	Side A	Side B	Kitchen