

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: _____

Description of Program or Event:

How should the room be set up (tables, chairs, etc.)?

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 _____

OR Select Dates: _____

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: _____

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FOR INSTRUCTORS ONLY

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

Will you be asking for donations? If so, how much?

No: ____ Yes, amount: \$_____

*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. 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

COA Director Signature: _____ Date: _____