

**“ CLERMONT ACADEMY”  
COMMUNITY HOUSE  
ROUTE 9  
CLERMONT, NEW YORK**

APPLICATION FOR USE OF CLERMONT COMMUNITY HOUSE

DATE OF REQUEST \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF USE OF BUILDING \_\_\_\_\_

TIME \_\_\_\_\_

PURPOSE OF USE/EVENT \_\_\_\_\_

APPROX. NUMBER ATTENDING \_\_\_\_\_

FIRST FLOOR \_\_\_\_\_ FIRST & SECOND FLOOR \_\_\_\_\_

I AGREE TO THE TERMS, AS SET FORTH, FOR THE USE OF THE  
CLERMONT COMMUNITY HOUSE.

SIGNED \_\_\_\_\_

FOR OFFICE USE:

RECEIVED \_\_\_\_\_

APPROVED/DENIED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PAYMENT \_\_\_\_\_