



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Greensburg YMCA
101 South Maple Avenue
Greensburg, PA 15601
Phone: (724) 834-0150
Fax: (724) 837-5006**

PARTY RENTAL REQUEST FORM

Name: _____ Age: _____

Address: _____

Phone: _____

E-mail: _____

Expected Number in Attendance: _____ Numbers of Chairs: _____

Number of Tables: _____ Other Equipment: _____

<input type="checkbox"/> YMCA Member/ Non-Profit Organization
<input type="checkbox"/> Non Member/ For Profit Organization

Date of Event: _____
Time of Event: _____ to _____

Location:	Members/Non-Profit Organizations:	Non-Members/For Profit Organizations:
Gymnastics Facility	<input type="checkbox"/> \$150/2 hrs. (1-15) Additional \$5/person over ratio	<input type="checkbox"/> \$300/2 hrs. (1-15) Additional \$10/person over ratio
Gymnasium (Full)	<input type="checkbox"/> \$150/2 hrs. (1-30) Additional \$5/person over ratio	<input type="checkbox"/> \$300/2 hrs. (1-30) Additional \$10/person over ratio
Gymnasium (Half)	<input type="checkbox"/> \$75/2 hrs. (1-15) Additional \$5/person over ratio	<input type="checkbox"/> \$150/2 hrs. (1-15) Additional \$10/person over ratio
Pool (Main) With Guard Ratio*	<input type="checkbox"/> \$150/2 hrs. (1-15) Additional \$5/person over ratio	<input type="checkbox"/> \$300/2 hrs. (1-15) Additional \$10/person over ratio
Pool (Warm) With Guard Ratio*	<input type="checkbox"/> \$150/2 hrs. (1-15) Additional \$5/person over ratio	<input type="checkbox"/> \$300/2 hrs. (1-15) Additional \$10/person over ratio

*Size of group determines #of lifeguards needed (25 swimmers- 1 guard, 26-40 swimmers- 2 guards, additional guards- additional costs.

Location:	Members/Non-Profit Organizations/ Gbg. Residents:	Non-Members/For Profit Organizations/ Non-Gbg. Residents:
Veterans Memorial Pool (Regular Hours)	<input type="checkbox"/> \$100/2 hrs. (1-15) Additional \$5/person over ratio (16-45) <input type="checkbox"/> \$200/2hrs. (46-100)	<input type="checkbox"/> \$200/2 hrs. (1-15) Additional \$10/person over ratio (16-45) <input type="checkbox"/> \$400/2 hrs. (46-100)
Veterans Memorial Pool (After Hours: 6-8 pm)	<input type="checkbox"/> \$250/2 hrs. (1-100) <input type="checkbox"/> \$275/2 hrs. (101-150)	<input type="checkbox"/> \$500/2 hrs. (1-100) <input type="checkbox"/> \$550/2 hrs. (101-150)

I, the undersigned, have read and understand the YMCA Building Use Policy, and, on behalf of my group and having expressed authority of my group, agree that the group shall abide by the regulations contained in the Policy, and I will assume full responsibility for enforcing those regulations with my group. I understand that my group's use of the Greensburg YMCA premises is expressly conditioned on the fact that the YMCA Board of Managers, Staff, and employees are to be released and held free from any and all liability or loss by reason of injury of the body or property of any individual in my group, from whatever caused whatsoever, while in or on the premises, and while using the improvements or personal property thereon. I also, on behalf of the group, hereby covenant and agree to indemnify the YMCA Board of Managers, Staff, and employees and save the Greensburg YMCA harmless from any and all liability, loss, costs or obligations on account of, or arising out of, the presence of my group on the premises.

Signature: _____

Date: _____

Office Use Only	Date	Initials
Application Received		
Guidelines Signed		
Approved by:		
Deposit Received		
Logged in Rental Book		

Building Rental Charge:	_____
TOTAL CHARGE:	_____
50% Deposit:	_____
Total Due on Rental Day:	_____