

Baytown Neighbors Community Center
Request for use form

Organization Name: _____

Purpose: _____

Number of people involved: _____

For youth organization:

Age of participants: _____

Number of Supervisors: _____

What specific activities will the group be involved in while using the Community Center Building?

Meeting time of day: Morning Afternoon Evening **Note:** Building must be vacated by 9pm

Requested day (s) and time (s): _____

One time use or regular basis? _____

Frequency of meetings: _____

Leader/Responsible Party (Must be Baytown Resident)

Name: _____ Home Phone: _____

Address: _____ Home E-mail: _____

Cell Phone: _____ Work Phone: _____ Work E-mail: _____

Date: _____ Signature: _____

PLEASE refer to permitted use guidelines when completing this form.

Mail or Fax completed request form to: Gerry Ballot – 13340 51st St. Ct. N. Stillwater, MN 55082

Fax # - 651-275-0250

Phone: 651-351-7919

BAYTOWN NEIGHBORS reserves the right to withdraw access to and use of the Baytown Community Center at any time, for any reason, including but not limited to, lack of clean up or damage to the building

(Amended 1/09)