

**Usage Agreement for the Camden Community Building
Not-For-Profit Organizations**

Organization Name _____

Contact Person _____ Date ____ / ____ / ____

Address _____ Phone ____ - ____ - ____

City _____ State _____ Zip _____

Alternate Contact Person (if applicable) _____ Phone ____ / ____ / ____

I, _____, hereby request use of the Camden Community Building on the following dates: _____. I understand that I must have a current "Certificate of Insurance" on file with the Camden Town Office OR I must provide a current certificate prior to picking up the key to the Community Building.

Local and Non-Local Not-For-Profit Agreement

\$0.00 Building only

\$0.00 Building + Kitchen

\$0.00 Deposit

- I also understand that the facility must not be damaged and must be cleaned up after use.
- I further understand that I must return the key to the authorized agent named below.
- I further understand that I must abide by the attached rules and regulations for the use of the facility.

I have read and agree to the above rules and regulations for the use of the Camden Community Building.

(User)

(Authorized Agent)