

CITY OF ABERDEEN
APPLICATION FORM
REQUEST TO USE SENIOR CENTER

TODAY'S DATE: _____

DATE(S) FOR SENIOR CENTER USE: _____

TIME REQUESTED: FROM: _____ TO: _____

NAME OF APPLICANT GROUP: _____

TYPE OF GROUP: _____

ADDRESS OF GROUP: _____

CONTACT PERSON FOR GROUP: _____

PHONE NUMBER: _____

PURPOSE FOR REQUEST: _____

EXPECTED SIZE OF AUDIENCE: _____

COPY OF INSURANCE POLICY ATTACHED: _____ YES _____ NO

Do Not Write Below This Line - City Use Only

CITY REPRESENTATIVE: _____ APPROVED _____ DISAPPROVED

CITY MANAGER: _____ APPROVED _____ DISAPPROVED

DATE: _____ FEE PAID: _____