

**HYANNIS YOUTH & COMMUNITY CENTER**

141 Bassett Lane

Hyannis, MA 02601

Phone: 508-790-6345 / Fax: 508-790-6279

**Permit Application For Room Use**

- INSTRUCTIONS:
1. Complete each section of the application. (Attach necessary documents.)
  2. We strongly suggest providing alternate dates / times / sites.
  3. Return application to the HYCC Front Desk - 141 Bassett Lane, Hyannis or fax 508-790-6279
  4. Please do NOT attach or enclose deposits unless expressly instructed to do so.

Permits are awarded on a first-come, first-served basis at the director's discretion. Application does not guarantee permission.

**HYCC Rooms Available for Rent**

Shepley Community Room

HYCC Conference Room

**FEE: \$25 per hour**

First Choice:

Room: \_\_\_\_\_

*(Please indicate floor/room)*

Day/s: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Alternate Choice:

Room: \_\_\_\_\_

*(Please indicate floor/room)*

Day/s: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

Head Count: \_\_\_\_\_ Admission to be charged: \_\_\_\_\_ Accepting Donations?: \_\_\_\_\_

Does your group carry liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount of coverage: \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

**DAYTIME PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**\*\*\*Credit Card (Visa / M/C) #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **SC#:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Manager's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Notes: \_\_\_\_\_ Fee: \_\_\_\_\_

Revised: 5/2022