



YOUR PLACE

RECOVERY CENTER

PO Box 1620, 4 Old Mill Road
Ellsworth, ME 04605
207-412-2038

Building Rental Application

Organization Name _____ Date _____

Contact person _____ Phone _____

Contact email _____

Non-Profit Yes/No (circle one) EIN Number (if applicable) _____

Activity Description _____

Room Request (circle) Upstairs Downstairs Kitchen

Date Facility Requested _____

Starting Time (including set up) _____ Ending Time (including clean up) _____

Total Number of Tables _____ Total Number of Chairs _____

Estimated Number of People _____ AV Equipment (circle one) Yes/No

Agreement for Use of Your Place Inc.

All members and guests of the above named organization or group will observe the policies of Your Place Inc. Individually and as an organization or group, we will assume full financial responsibility for any and all damages caused to Your Place Inc. property and equipment during the period of use. The above named individuals and organizations or group will indemnify Your Place Inc. against any individuals, organizations or groups. Your Place Inc. will be held blameless for loss of any kind in connection therewith. Users approved for use of Your Place Inc. agree that unauthorized use of Your Place Inc., equipment and supplies may result in loss of privilege to use Your Place Inc. in the future. Your Place Inc. is a non-smoking facility. I have read the policies and understand and agree to the terms of use set forth, and I am authorized to sign for the individual, organization or group.

Signed _____ Date _____

Authorized representative

Signed _____ Date _____

Your Place Inc.