



**YMCA of Centre County, Bellefonte Branch  
Facility Rental Contract**

The YMCA facility is available for rental to not-for-profit organizations or individuals planning a special event. Applications must be presented at least three weeks prior to the requested date. A 50% non-refundable deposit is required upon confirmation. Users are required to make sure the rented area(s) are clean prior to leaving the Bellefonte Family YMCA. Please contact Beth Gibson at 355-5551 or [bqibson@ymcaocc.org](mailto:bqibson@ymcaocc.org) or Steve Greecher at 355-5551 or [sgreecher@ymcaocc.org](mailto:sgreecher@ymcaocc.org)

**HOURLY RATES:**

	<u>Members</u>	<u>Non-Members</u>	<u>Times Needed</u>
Pool	\$70.00	\$85.00	_____
Gym/Lobby	\$55.00	\$70.00	_____
Community Room	\$20.00	\$35.00	_____
Rock Wall	\$25.00	\$40.00	_____
Gymnastics	\$105.00	\$165.00	_____

\*\* \$15.00 additional fee for an extra guard for over 15 people swimming

\*\*\$10.00 additional fee for groups over 25 people in gym and/or community room

\$ \_\_\_\_\_ Total Due

\$ \_\_\_\_\_ 50% Non-refundable Deposit

\$ \_\_\_\_\_ Balance Due

Organization or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

Rental Purpose: \_\_\_\_\_

Date desired: \_\_\_\_\_

Starting time: \_\_\_\_\_ Ending time : \_\_\_\_\_ ( including set and clean up))

Estimated attendance: \_\_\_\_\_

**Organization Leader or Individual, please read and initial:**

**Supervision**

\_\_\_\_\_ All groups will be required to designate an individual, 21 years of age or older who will be responsible for the conduct of the group. This designated group leader must meet with the YMCA staff prior to the anticipated use to review this agreement, rules and regulations and be oriented regarding each facility and /or equipment to be used.

**Certificate of Insurance**

\_\_\_\_\_ All groups will be required to provide a Certificate of Insurance naming the YMCA as an "additional insured". Vendors of groups using the facilities and/or property shall also provide a Certificate of Insurance. Coverage extended to the YMCA shall not be less than the association carries and shall be provided prior to the event.

**Admission Fees:**

\_\_\_\_\_ Admission fees shall not be charged without prior written approval by the Bellefonte Family YMCA.

**Food/Entertainment:**

\_\_\_\_\_ Use of a caterer and/or entertainment shall be subjected to the approval of the Bellefonte Family YMCA.

Organization Leader or Individual Signature: \_\_\_\_\_

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Administrative Use Only:

Aquatic and Youth Director Initials \_\_\_\_\_

Membership Director Initials \_\_\_\_\_