

Cherryfield Academy Community Center Rental Request & Agreement

Please print clearly and send to:
Cherryfield Academy Trustees
53 Main St.
Cherryfield, ME 04622
Please make checks payable to CA Trustees
Thank you.

Event _____
Times needed on each date involved as part of rental (such as setting up, event & breaking down)
Date & Time _____
Date & Time _____
Date & Time _____
Approximate number of people attending _____

Deposit Fee _____ Rental Fee _____ Total payment _____

Name of responsible party (over age 21) _____
Address _____
Telephone: Home _____ Cell _____
E-mail _____

I have read (on web-site) and agree to all of the information stated in the 'Rules & Regulations for Use' and 'Responsibilities Prior to Leaving the CACC Premises'. The trustees request a 72 hour cancellation notice - failure to do so may result in loss of deposit. The key (if provided) must be returned within 3 business days from close of event.

Renter Signature (age 21 or older) Date _____

Trustee Signature Date _____

You will be notified at time of receipt of application.

Would you like a copy of the application for your own purposes? Yes _____ No _____

Contact: Lori Barbee 207-318-2209