

Washington County Board of Developmental Disabilities
1701 Colegate Drive
Marietta, Ohio 45750

APPLICATION TO USE FACILITIES

Please complete this form, print, sign and date. Mail to, or drop off at, WCBDD, 1701 Colegate Drive, Marietta, Ohio 45750

Facility Area Requested: Gymnasium Swimming Pool Other

Reason for Rental Request: Personal Party Fundraiser Organization Function
 Organization Meeting Community Event

Rental Date/s _____

Rental Date/s _____

Rental Date/s _____

Beginning Time: _____ Ending Time: _____

Applicant's Name or Organization _____

Person Responsible _____

Address: _____

Phone: _____ Email: _____

Estimated Attendance _____ Adults _____ Children (under 16) _____

I have read and received a copy of the policy/rules governing the use of the facilities and hereby agree to all terms and conditions.

Responsible Party Signature

Date

OFFICE USE ONLY: Approved Not Approved

Administrator's Signature _____ Date _____

Cost:

Gymnasium _____ Pool _____ Other _____

Other: Kitchen/Cafeteria, Custodial, etc.

Note:

Paid Yes No Date Paid _____