

Historic Macedon Academy
1185 Macedon Center Rd. Macedon, NY 14502
Reservation Request Form

Group/Individual Name: _____

Group/Individual Mailing Address: _____

Person Responsible: _____

CELL Phone Number of Person Responsible: _____

Activity Date: _____ Activity Time: _____ to _____

If more than one day:

Activity Date Begins _____ End Date: _____

Rooms to reserve:

☐ Kitchen ☐ Auditorium ☐ Meeting Room

Certificate of Insurance available: Yes: _____ No: _____

Number of people attending: _____

Please describe the activity: _____

“I have read the Academy Facility Use Policy and state that my group meets all requirements stated therein. On behalf of my group, I also agree to follow the policy’s rules and guidelines.”

Name: _____ Date: _____

EMAIL FORM TO: president@macedonhistoricalsociety.org. Upon receipt of the Reservation Request form, a signature and confirmation form will be emailed to the contact person to secure your date(s) requestd and a deposit will be required.

**ANY FAILURE TO COMPLY WITH THE FACILITY USE POLICY
WILL IMMEDIATELY RESULT IN YOUR GROUP LOSING T
HE RIGHT OF USAGE**

For Office Use Only

This request is: Approved _____ Denied _____ By: _____

Approval/Denial made by: _____ Date: _____

Key was: ☐ Issued ☐ Not Issued ☐ Key returned on Date: _____

Certificate of Insurance on file: Yes _____ No _____

☐ Fee Received: Amount \$ _____ ☐ Donation received: Amount \$ _____