

Macedon Center Meetinghouse  
1208 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 ☐ Meeting Room ☐ Large Classroom ☐ Small Classroom

Certificate of Insurance available: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of people attending: \_\_\_\_\_

Please describe the activity:

“I have read the Macedon Center Meetinghouse 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](mailto:president@macedonhistoricalsociety.org) Upon receipt of the Reservation form,  
a signature form will be emailed to the contact person to  
secure your date(s) requested and a deposit will be requested.

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

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**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 \$ \_\_\_\_\_