

COMPLIMENTARY/DISCOUNTED USE RENTAL WAIVER REQUEST FORM

Policy #R510-0010



Applicant's Information

Full name: _____
Last First M.I.

Date: _____

Address: _____
Street Address Apt/Unit#

City State Zip

Phone: _____

Email: _____

Group/Organization's Name

Full name: _____

Fed ID#: _____

Address: _____
Street Address Apt/Unit#

City State Zip

Phone: _____

Email: _____

Organization Status

Please check one:

- ☐ Intra-Departmental Township Sponsored Events
- ☐ Named Joint Entity Partners (*City of Centerville, Centerville Schools, CWPD, WCPL*)
- ☐ Intergovernmental Partners - i.e. Montgomery County, CLG, OTA, etc.
- ☐ Non-Profit Civic Organizations - i.e. CNO, Rotary, CWF, CW History
- ☐ Member-based Independent groups where a walk-in fee or membership is required for attending.
- ☐ Organizations stipulated to receive complimentary facility use as part of an approved sponsorship agreement with the Township.
- ☐ Groups/Individuals so designated by the Washington Township Trustees at their sole discretion.

Description of Proposed Activity

Room Request: _____ Alternate Room Request: _____

Date, Time and Approximate number in Attendance: _____

Waiver Requested: Full ☐ Partial ☐

Waiver Acceptance

I have read and understand my responsibilities as an organizer and accept that complimentary facility usage is at the discretion of Washington Township and can be modified, canceled, rescheduled, and/or moved without notice. Further, I understand that I do not represent Washington Township, the RecPlex, or the Joyce Young Center and cannot enter into agreements or speak on behalf of Washington Township, the RecPlex, or the Joyce Young Center.

☐ I have read and accept the waiver acceptance statement above and agree to abide by these terms.

Signature: _____

Date: _____

STAFF REVIEW & COMMENT FORM

(This section to be completed by staff)

Review Criteria

Will the proposed activity:

- | | | |
|--|------------------------------|-----------------------------|
| Align with the mission of Washington Township without competing with its core functions and service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Meet a greater public good by providing a service not currently provided by the Township? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Create positive recognition for the Township that is aligned with the Township's Core brand values of Excellence, Independence, Community, Protection, and Enrichment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Be welcoming and inclusive of all interested members and patrons? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ensure that attendees scan their membership card or pay the daily walk-in rate to attend? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Maintain participant and group behavior that aligns with RecPlex behavior policies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ensure that participants understand that the activity's organizer(s) does not represent Washington Township, the RecPlex, or the Joyce Young Center? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Avoid behaviors or use defined as "prohibited" in the Facility Usage Policy #R510-0010? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Approve/Deny Request

Value of Rental with All Fees Applied: \$ _____

Waiver Denied ☐

Reason for Denial:

Waiver Approved: Full ☐ Partial ☐ Dollar Value of Request: _____

Room Assignment: _____

☐ I have reviewed the proposed activity and **APPROVE** the discount and room assignment indicated above.

☐ I have reviewed the proposed activity and **DENY** the discount and room assignment indicated above.

Staff Signature _____ Date _____