



**Parks & Recreation Department**

Robert A. Fiala  
Mayor and Safety Director

Judean M. Banker CPRP, CPSI  
Director of Parks and Recreation

**Application Room Rental**  
**David E. Anderson Willoughby Senior Center**  
**36939 Ridge Rd Willoughby, Oh 44094**

Name of Individual / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Type of Program / Event: \_\_\_\_\_

Estimated number of Expected to Attend: \_\_\_\_\_

Hours: Start time \_\_\_\_\_ am / pm | Finish time \_\_\_\_\_ am / pm

Special Room Set up: *(for example, number of tables/chairs, room arrangement etc.):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If said permission is granted, we hereby agree to the comply strictly with the rules and regulations set out the City of Willoughby.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**A \$50 non-refundable deposit is required to complete your application.**