

FACILITY REQUEST FORM: Memorial Town Hall



Madison Beach and Recreation Department

8 Campus Drive, Madison, CT 06443
 (203) 245-5623 Office | (203) 245-5643 Fax
 Office Hours: Monday - Friday 8:30 AM - 4:00 PM

This is a request for the use of facility ONLY. Do not make arrangements until final approval has been received by the Recreation Office.

Date Requested _____ Day: _____
Please indicate correct year for your event.

TIME*

Set-up start time _____	Set-up end time _____
Event start time _____	Event end time _____
Clean-up start _____	Clean-up end _____

*When you are allowed to enter building, including florist, caterers, equipment dropoff. All individuals related to rental must vacate by 11 PM

Memorial Town Hall:
 8 Meeting House Lane, Madison, CT

Upper Level (Capacity 180)
 Lower Level (Capacity 12)

Type of Function _____ Number to attend: _____
 Resident's Name _____ email _____
 Address: _____
 Home Phone _____ Business Phone _____ Cell Phone: _____

*Will food & beverages be served? Yes No if yes, type: _____
 Will alcohol be present at function? Yes No (Served or brought in BYOB)
 Will an admission fee be charged? Yes No

The set-up and take down of the requested room is your responsibility. Close the windows, lock all doors and clean up after your group. A dumpster is located behind the building for your trash.

- Projector Requested Outside organizations in need of the Town's projector will be charged \$25.00 per hour for this service.
- Key Weekend Use: A key will be issued to you the day prior to the meeting (\$20.00 deposit) between 8:30 AM and 4:00 PM at the Recreation Department Office. Weekend events: key pickup Friday before 4 PM, return Monday morning.

 Signed By _____ Date _____

OFFICE USE ONLY

Facility Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signed By _____	Date _____
Facility Fee _____	Total Rental Fee _____	
Alcohol Permit Fee _____	Deposit due now _____	<input type="checkbox"/> Received
Security/Damage Deposit <input type="checkbox"/> \$200	Balance Due _____	Date Balance Is Due _____
		Date Paid In Full _____

- | | |
|---|---|
| <input type="checkbox"/> Article of Agreement | <input type="checkbox"/> Event Notification sent to PD |
| <input type="checkbox"/> Release & Waiver of Liability and Indemnity Agreement Form | <input type="checkbox"/> Caterer Certificate of Insurance |
| <input type="checkbox"/> Certificate of Liability Insurance | <input type="checkbox"/> Rec Trac Reservation # _____ |