

Received by: \_\_\_\_\_

# Facility Request Form

**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 a.m. – 4:00 p.m.**

**This is a request for use of facility ONLY.**

**Do not make arrangements until final approval has been received by the Recreation Office.**

Date(s) Requested: \_\_\_\_\_ Day(s): M Tu W Th F Sa Su Set-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Event Time: \_\_\_\_\_ to \_\_\_\_\_

Type of Function: \_\_\_\_\_

Breakdown Time: \_\_\_\_\_ to \_\_\_\_\_

Organization/Applicant's Name: \_\_\_\_\_ Number to Attend: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Facility Requested:**

- \_\_\_\_ Town Campus Gym – (Cap. 500)
- \_\_\_\_ Surf Club Main Room/Kitchen (Cap. 72)
- \_\_\_\_ Surf Club Main Room/Kitchen/Tent/Deck (Cap. 125)
- \_\_\_\_ Other Location – (Specify) \_\_\_\_\_

Will food & beverages be served? \_\_\_\_yes \_\_\_\_no. If yes, specify type \_\_\_\_\_

Will alcohol be present at function? \_\_\_\_yes \_\_\_\_no. (Served or brought in BYOB)

Will an admission fee be charged? \_\_\_\_yes \_\_\_\_no

Caterer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand, if approved, I will be required to execute an Articles of Agreement for Use and a Release of Waiver of Liability and Indemnity Agreement. I further understand that I must abide by the times on this contract, and obey all rules and regulations pertaining to the facility being used.*

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only

Facility Request: Approved \_\_\_\_\_ Denied \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alcohol Permit Fee: \_\_\_\_\_ Tent Fee: \_\_\_\_\_ Clean-up/Damage Deposit: \_\_\_\_\_

Facility Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_ DUE NOW Date Paid: \_\_\_\_\_

The Balance of all unpaid fees: \_\_\_\_\_ is due two weeks prior to event. Date Paid: \_\_\_\_\_  
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**OFFICE USE ONLY**

Rec Trac Reservation # \_\_\_\_\_