

Madison Beach and Recreation Department
8 Campus Drive
Madison, CT 06443
(203) 245-5623
Memorial Town Hall Facility Request Form

Date Requested: _____ Day(s): _____ Time: _____

Organization: _____ Type of Function: _____

Applicant's Name: _____

Address: _____ Home Phone: _____ Business Phone: _____

Room Requested (Please check all that apply): UPPER LEVEL – (Capacity 180)
 LOWER LEVEL – (Capacity 12)

Will food & beverages be served? yes no If yes, Please specify type _____
Will alcohol be present at function? yes no

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

Equipment requested (Please Circle) : Podium Wireless Sound System
Effective immediately, outside organizations in need of the Town's microphone/sound system will be charged \$25.00 per hour for this service.

Your Signature: _____ Date: _____

___ A key will be issued to you the day prior to the meeting day. You may pick the key up between 8:30am and 4:00pm at the Recreation Department Office. A \$20.00 deposit is required. The key must be returned the following business day. For events on the weekend, the key must be picked up on Friday PRIOR to 4:00pm. The key will then be due back on Monday morning.

Facility Request: Approved _____ Denied _____ By _____ Date _____

Facility Fee: _____ Date due: _____ Date paid: _____

Alcohol Permit Fee: \$100 Date due: _____ Date paid: _____

Cleanup/Damage Deposit: \$400 Date due: _____ Date paid: _____

OFFICE USE ONLY

Reservation # _____ Work Order Processed YES NO