

Received by: _____

Facility Request Form

**Madison Senior Services Department
29 Bradley Road, Madison, CT 06443
(203) 245-5627 Office (203) 318-0670 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 Senior Services 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: _____

E-mail address: _____

Room Requested:

- | | |
|---|-------------------------------------|
| ____ Activity Room 1- (Cap. 13) | ____ Classroom 1-(Cap. 16) |
| ____ Activity Room 2- (Cap. 22) | ____ Women's Club Library-(Cap. 11) |
| ____ Activity Room 3- (Cap. 8) | ____ Conference Room-(Cap. 22) |
| ____ Cafeteria (Cap. 85 without tables) | |

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: _____ 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

Entered Into My Senior Center _____ Entered Into Outlook _____