

Received by: _____

FACILITY REQUEST FORM

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



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: _____ Set-Up Time: _____ to _____

Day(s) M Tu W Th F Sa Su Event Time: _____ to _____

Type of Function: _____ Breakdown Time: _____ to _____

Organization: _____ Number Attending: _____

Applicant's Name _____

Address: _____ Home Phone: _____ Bus. Phone _____

E-mail Address: _____

Room Requested:

___ Activity Room 1 (Capacity 13)

___ Classroom (Capacity 16)

___ Activity Room 2 (Capacity 22)

___ Women' Club Library (Capacity 11)

___ Activity Room 3 (Capacity 8)

___ Conference Room (Capacity 22)

___ Cafeteria (Capacity 85 without tables)

Will food & beverages be served? ___ yes ___ no. If yes, specify type _____

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 an Release of Waiver of Liability and Indemnity Agreement. I further understand that I must abide by the times on the contract, and obey all rules and regulations pertaining to the facility being used.

Your Signature: _____ Date: _____

Office Use Only

Facility Request: Approved ___ Denied ___ By: _____ Date: _____

Clean-up/Damage Deposit: _____

Facility Fee: _____ Deposit: _____ DUE NOW Date Paid: _____

Balance of all unpaid fees: _____ is due two weeks prior to event. Date Paid: _____

OFFICE USE ONLY:

e-Trak Reservation# _____