

Community Center Room Request Form

Contact information:

Name: _____ Day Phone: _____
Address: _____ Night Phone: _____
City: _____ St: CT Zip Code: _____ E-Mail: _____

Request Information:

Organization: _____
Type of Event: _____
Date(s): _____ Day(s) Mon Tues Wed Thurs Fri Sat Sun
Time doors to be opened: _____: _____ Total time required: Hrs _____ Min _____
Expected Attendance: _____
Room: Conference B C D E F Multi Purpose Kitchen Craft
Estimate of Tables Needed: _____ Estimate of Chairs Needed: _____
Other Equipment: TV/VCR Projector Sound System _____
Special arrangements: _____

Hold Harmless Agreement:

Applicants must agree to the following guidelines established by the Town of Canton in order to use facilities.

The user agrees that it will indemnify and hold harmless the Town of Canton and its respective officers, agents, and employees from loss, cost, damage expense and liability whatsoever kind or nature resulting directly or indirectly from the nature of use covered by this contract resulting in bodily injury including death, personal injury to property.

Signature of Applicant: _____ Date: _____

Office Use Only:

Date Received: _____ Date Approved: _____
Fees: Basic Rental: _____
Custodial: _____
Kitchen: _____
Special: _____
Total: _____ Deposit: Date: _____ Check #: _____
Payment: Cash Check (Check # _____) Certificate of Insurance: Yes No
Date Entered onto Schedule: _____ COI Date Received: _____
Date Custodians notified of Table, Chair, and Equipment Needs: _____

Town Use Only:

Approval Required

Signature

Comments

_____ Chief of Police

_____ Fire Marshal

_____ Parks & Rec

_____ Building Inspector

Final Approval:

_____ CAO

If Required by Town:

Certificate of Insurance: _____

Insurance Agent: _____

Other: _____