

REQUEST FOR USE OF FACILITIES AT WALTON PLACE

NAME OF GROUP _____

Date(s) and Time(s) _____

Room(s) Requested _____

Description of Event _____

Room setup desired _____

CONTACT PERSON _____ Title _____

Address _____

Email/Text/Phone number(s) _____

In making this request, I understand and acknowledge the conditions for use of the facilities, which include no smoking anywhere in the building, and no alcohol without proof of event liability insurance listing the First Congregational Church of Stamford as additional insured submitted at least one week before the event. I will be responsible for returning the room(s) to order as I found them, unless other arrangements are made with the rental coordinator.

I agree that my organization, its members, and guests, will hold First Congregational Church of Stamford harmless for any and all liability for damage or injury to persons or property arising out of our use of the premises.

SIGNED _____ Date _____

1. Please ensure hours for use of facility are accurate and include your setup and breakdown needs. Additional charges will be assessed if you go beyond your scheduled time.
2. A deposit of \$150 or 50% of the room rental cost, whichever is greater, is required to reserve the space and time for this event. (This includes a \$150 security deposit for events involving food or reservation of one of our kitchens. This deposit will be returned if room(s) are in same order after your event.)
3. The total cost below must be paid in full before the beginning of your event.

OFFICE USE ONLY

ROOM RENTAL _____ SECURITY DEPOSIT _____ EVENT TOTAL COST _____

RENTAL COORDINATOR _____

COORDINATOR CONTACT INFORMATION _____