

Town of Eastham

APPLICATION FOR THE USE OF TOWN OWNED BUILDINGS

Today's Date: _____

Date of Event: _____ Start Time: _____ End Time: _____

Organization or Group: _____ Local Sponsoring Organization: _____

Person responsible for the obligation of the group: _____

Address _____ e-Mail _____ Phone _____

Area or Facilities Needed: _____

Purpose of Building Use: _____

Communit(y)ies to be served _____

Profit or Non-Profit Organization: _____

Total # of Persons expected _____ Maximum # expected at any one time _____

Special Equipment Required: (Please check all that apply)

Room: _____ Police Coverage: _____ Sound System: _____

Floor Mike: _____ Movie Screen: _____ Laptop: _____ Power Point: _____ Podium: _____

TV/VCR: _____ Extra Tables: _____

Other

Fees to be assessed by the Town: _____ Date Paid: _____ Collected by: _____

I AM THE PERSON RESPONSIBLE FOR THE OBLIGATION OF THE GROUP. I HAVE READ THE ATTACHED REGULATIONS AND UNDERSTAND THEM, WITH THE ACKNOWLEDGMENT THAT ANY ADDITIONAL EXPENSES INCURRED WILL BE PAID BY MY ORGANIZATION AND THAT ANY VIOLATION OF THE RULES OF THE TOWN OF EASTHAM MAY JEOPARDIZE FUTURE USE OF THE BUILDING.

SIGNATURE _____ Date _____

This application is recommended for approval and reservation made according to the above information with the understanding that all Town policies and regulations will be followed.

TOWN ADMINISTRATOR/DESIGNEE

DATE

Reservation entered on: _____ by _____

Approved by Board of Library Trustees on August 27, 2016.