

MILFORD COMMUNITY SCHOOL USE PROGRAM

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www.mcs.milford.ma.us

(508) 478-1119

APPLICATION FOR RENTAL OF MEMORIAL HALL

Complete form and submit to Community Use Office at least (3) weeks in advance.

Organization Name:
Contact Person: <small>This person must be present and available during the entire rental period.</small>
Street Address:
City, State & Zip:
Contact Phone:
Email Address:

Dates Requested	Days (M,Tu,W,Th,F,Sa,Su)	Start & End Times Include set-up and breakdown

Purpose of Rental:
Estimated Attendance:
Admission Fee:
Description of all activities:

- Rental fee: A Minimum of \$100 for the first 3 hours per day and \$35 per hour for additional time. Rental fees are billed and due immediately after the rental. Fees charged will be based on times indicated above but will be altered if changes in schedule are made. Checks are payable to the Town of Milford - MCSUP, 31 West Fountain Street, Milford, MA 01757.
- Payment of fees, responsibility for meeting all conditions, and security of the building will be the responsibility of the person signing this application. The building is to be left in the same condition as it was found.
- No smoking or alcohol allowed in public buildings.
- Service fees for public safety may be assessed if, in the opinion of the Police and/or Fire Chief, coverage is necessary.
- The Community Use Board/Town of Milford reserves the right to refuse any application.
- There is an additional charge to rent the piano. This fee is waived if you request the piano to be tuned since you will incur this charge. The Milford Community Program will schedule the tuning.
- The setup and breakdown of all table, chairs, etc, is the responsibility of the renter. Charges will be assessed for this as well as clean up if done by the Milford Community Program supervisor.

By signing below, I agree on behalf of the above organization to all regulations governing the rental of this municipal building.

APPLICANT NAME AND TITLE (print): _____

SIGNATURE: _____ **DATE:** _____

Approved by: _____ Date: _____ On calendar: _____