

Plymouth Memorial Hall

Special Events Application



Event Information

Organization Name		
<i>if a non-profit 501 C3 please provide tax ID # and copy of exemption</i>		
Point of Contact		
Event Name		
Purpose		

Event Type Concert Exhibition Other (please specify)

Dance Meeting/Conference

Drama Festival

Date Requested Event Times Requested

Load In Requirements:

Anticipated Crowd Size _____

Has the event been produced previously _____

Will Volunteers and ushers be provided (please specify) _____

Will there be an admission fee? _____

Will there be vendors? Liquor Security Sound

Food Light

Notes regarding services provided:

Point of Contact Information

Name _____

Address _____

Email _____

Phone _____

Website _____

Person responsible for Marketing Communications _____

Person responsible for Security/Volunteer Coordination _____

Person designated as day of coordinator _____

Special Requests Main Auditorium Access to Kitchen

Blue Room Projector/Screen

Green Room Box Office

Equipment Request:

General Information

When reviewing information below we ask that you initial each line item to note that you have read and understand the items within this list. For additional questions or concerns at any time please contact the Hall Director.

- _____ Parking: Overseen by a third Party Park Plymouth, town nor Memorial Hall are responsible
- _____ Use of Pyrotechnics or any flames is strictly prohibited
- _____ Use of Haze and or fog machines is strictly prohibited
- _____ A crowd Manager per Mass Law 527CMR1.00 Section 520.1.5.6.1.1 is needed for every 250 participants, the renter is required to obtain certification
- _____ General Liability is required by the renter At least \$1,000,000 Bodily Injury, & Property Damage, Liability, \$3,000,000 aggregate with Town listed as Additional Insured
- _____ Liquor Liability is required if alcohol is being served
- _____ TIPS certifications are required for anyone serving liquor
- _____ Renter is responsible for all items brought in
- _____ Renter is required to contract their own services
- _____ Smoking is Prohibited from inside the facility, must be 25 feet from doors

Is there any other details or information you feel is important for the Hall Staff to know

By Signing below you acknowledge that you have completed the application to the best of your ability. You also note that you agree to the above general information. Additionally a \$250 deposit is required in order to place your date on hold. Once the application and the deposit has been received the POC on the application will receive a confirmation call/email from the Hall staff to ensure the dates are held. Following one week from application POC will receive a formal contract agreement.

signature of applicant

date

signature of Hall Director

date

HALL USE ONLY	
Room Requested: _____	Date Held: _____
Rental Fee: _____	
Rate Custodial: (\$35/hr. per/c) _____	
Additional Fees: _____	
Reason: _____	