WAR MEMORIAL BUILDING RENTAL REQUEST FORM

Commission Chairman: Chris Sims
War Memorial Building
310 Appleton Street
Holyoke, MA 01040
413.322.5631
commissioner@holyoke.org

Please fill out and return to: War Memorial Building Commission
310 Appleton Street
Holyoke, MA 01040

NOTE: FEE CHECK AND ALL REQUIRED DOCUMENTS MUST BE AT WAR MEMORIAL BUILDING AT LEAST TWO WEEKS BEFORE EVENT OR YOU MAY NOT HAVE USE OF THE BUILDING.
*Must submit request form no less than 60 days from date of Event desired*

1. Organization/individual requesting use: ____________________________
   Address: ______________________________________________________
   PH#: ___________________ Email: ________________________________

2. Type of organization (    ) Profit (    ) Non-profit (    ) other: explain: ______________

3. How many are expected to attend? ____________

4. Type of activities to be conducted_________________________________________

5. Date and times of activities: _____________________________________________

6. How long will you be using facility? i.e. set-up and rehearsal if needed____________

7. Will alcoholic beverages be sold or used? (Yes)____ (No) _____

8. Will admission be charged? (Yes)____ (No) _____ How much? _________________

9. Will food or snacks be sold or used? (Yes)____ (No) _____ Please explain type, amount and location of set-up.
   ______________________________________________________________________

If granted use of this building, you will be responsible for:
€ Use of building for @ $_________ per day(s)/event (amount subject to Commissioners)
€ Services of Police (must provide signed memorandum of commitment or Invoice from Holyoke PD)
€ Services of a Firefighter (must provide signed memorandum of commitment or Invoice from Holyoke FD)
€ Cleanup of used part of the building
€ Enforcement of “No Smoking” policy
€ Provide a Liability Insurance Rider (Made out to insure “City of Holyoke”)
€ Pay for Custodial/janitorial service @$25.29 per hour (4 hour minimum)

NOTE: War Memorial Building Commission reserves the right to adjust scheduling of facility.

I / We understand and agree to abide by the following rules:

1. Facility is to be used only for the purpose requested and at times requested.
2. There will be no smoking on the premises.
3. The building will be secured and cleared with the custodian before leaving.
4. User will be responsible for any subsequent cleaning or repair costs which result from the use of the building.
5. Children will be supervised at all times.

Special Requirements: ________________________________________________

The user shall indemnify, defend and hold the War Memorial Building Commissioners and employees harmless from any claim, action, liability or cost, including attorneys’ fees or any other costs of defense arising out of the user’s use of the building.

________________________________
Contact Person Signature

Date: ________________________

v13MAY19
Date(s) Requested: ____________________________  Time From: _________________
                ____________________________  Time To: ___________________
Time From: _________________  Time From: _________________
Time To: _________________  Time To: _________________

Fee Information

<table>
<thead>
<tr>
<th>Description</th>
<th>No. of Hours</th>
<th>Rate</th>
<th>Total</th>
<th>Payment Information</th>
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<tbody>
<tr>
<td>Custodial Services</td>
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<td></td>
<td>Prepayment is Required</td>
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<td>Police</td>
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<td>Fire</td>
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<td>Rental Hours</td>
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<td>Other Charges</td>
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Total Due =

Approved by: ____________________________  Date: _________________
Chris Sims/Commission, Chairman