

## STEVENS MEMORIAL HALL RENTAL APPLICATION

Phone:	Name of Organization	/ Group / Individual:				
Phone:	Contact:		Address:			
Area(s) Requested: Auditorium Dining Room Kitchen  Date(s) requested for usage: Approximate number attending:  Day / Times Sunday	Phone:					
Day / Times	Area(s) Requested:	Auditorium		_ Dining Room	ı	Kitchen
Monday from to Tuesday from to Wednesday from to Thursday from to Thursday from to Thursday from to Saturday from Saturday from Saturday from Saturday Saturday from Saturday Saturda	Date(s) requested for usage:			Approximate	number attend	ding:
Monday from to to Tuesday from to Wednesday from to Thursday from to Thursday from to Thursday from to Saturday from Saturday Sa	Day / Times	Sunday		from	to	
Wednesday from to Thursday from to Saturday from		Monday		from	to	
Wednesday from to Thursday from to Saturday from Sa		Tuesday		from	to	
Thursday from		Wednesday				
Purpose of usage:						
Purpose of usage:						
I,						
Auditorium: Deposit: \$250.00 Rental Fees: \$50.00 per event (up to 4 hours, \$15/hour after)  Dining Room: Deposit: \$100.00 Rental Fees: \$25.00 per event (up to 4 hours, \$10/hour after)  Please make checks payable to: Town of Chester  The person(s) renting Stevens Memorial Hall is responsible for picking up tables/chairs, sweeping and making sure the room looks as it did when you arrived. If it is not cleaned up and the checklist is not complete the deposit will be forfeited. Deposit to be refunded within two (2) weeks of the completed event if appropriate to the above address.  FOR OFFICE USE ONLY  Date: Check #: Amount of Security Deposit: \$ Received by:	and agree to follow all	rules and regulations pert iable for any damage to th	inent to the po e rental facility	licies and to th	nis agreement.	
Dining Room: Deposit: \$100.00 Rental Fees: \$25.00 per event (up to 4 hours, \$10/hour after)  Please make checks payable to: Town of Chester  The person(s) renting Stevens Memorial Hall is responsible for picking up tables/chairs, sweeping and making sure the room looks as it did when you arrived. If it is not cleaned up and the checklist is not complete the deposit will be forfeited. Deposit to be refunded within two (2) weeks of the completed event if appropriate to the above address.  FOR OFFICE USE ONLY  Date: Check #: Amount of Security Deposit: \$ Received by:	Signature:					
Date: Check #: Amount of Security Deposit: \$ Received by:	<b>Dining Room:</b> Depose Please make checks pay The person(s) renting St the room looks as it did	it: \$100.00 Rental Fees: Sable to: Town of Chester evens Memorial Hall is respo when you arrived. If it is not	\$25.00 per event nsible for picking cleaned up and t	up to 4 hours up tables/chai the checklist is r	, \$10/hour after rs, sweeping and not complete the	) I making sure e deposit will be
Date: Check #: Amount of Security Deposit: \$ Received by:						
	FOR OFFICE USE ONLY					
Date: Check #: Amount of Rental Fee: \$ Received by:	Date: Ch	neck #: Amou	nt of Security D	eposit: \$	Receive	ed by:
	Date: Ch	neck #: Amou	nt of Rental Fee	e: \$	Receive	ed by:

TOWN OF CHESTER RECREATION DEPARTMENT

## STEVENS MEMORIAL HALL ROOM POLICY

- The Recreation Department and/or Board of Selectmen reserve the right to limit use.
- Use of Stevens Memorial Hall is intended for Chester residents.
- An insurance binder is required but may be waived at the discretion of the Recreation Department and/or the Board of Selectmen.
- No application for use of the room will be processed until all information is provided.
   Deposit and/or fees are due when the application is turned in for processing.
- Priority of use shall be as follows:
  - Town Meetings / Elections
  - o Regularly scheduled recreational activities
  - Non-profit community organizations (Friends of the Library, Boy Scouts, Girl Scouts, etc.)
  - o Requests by Chester residents for private functions
  - All other requests
- Youth activities involving participants less than 18 years of age must have a responsible adult(s)
  present at all times. This adult must be a minimum of 21 years of age. The Recreation Department
  and/or Board of Selectmen may require a minimum number of adults, a paid custodian or the
  Recreation Director be present during the activity.
- Private event use may require that a custodian be present prior to, during, and after the activity (for opening and setup, clean up and closing), to be paid for by the user. This fee shall be separate from the user fee. The Recreation Director may defer this requirement after review of the application.
- Police detail may be required for any entity requesting use with 50 or more participants.
   The police officer fees are not included in the Stevens Memorial Hall user fee and are paid by the user.
   Please contact the Chester Police Department directly to make arrangements for police detail(s) and/or traffic control if required.
- Use of alcohol at any event must be approved by the Board of Selectmen and will require the presence of a police officer. The police officer fees are not included in the Stevens Memorial Hall user fee and are paid by the user. If alcohol will be present during the event, a copy of the insurance binder must be on file with the Recreation Director.
- No smoking. No candles or open flames. No decorations are to be placed on the painted plaster walls.
   No nails, tacks, staples, duct tape or glue to hang decorations on the stained wood surfaces or windows. No sitting on window sills.
- Wash all tables and counters are use. Tables/chairs must be returned to designated area. Floors must be swept and dirt picked up. Please do not sweep dirt down heating vents.
- All trash is removed from premises. Stevens Memorial Hall is "carry in / carry out."
- Rest rooms must be cleared of all debris on floor and in sink and all toilets must be flushed.
- Heat turned down to 55 degrees.
- All windows to be shut and locked. Shades should be raised completely.
- All doors to be shut and locked unless previous arrangements have been made with Town Custodian.
- Use of back stage stairs and use of the stage only with prior permission from the Recreation Department and/or Board of Selectmen.
- Applications requesting Stevens Memorial Hall for a function must be presented a minimum of fifteen (15) days prior to the function.
- Cancellations must be made no less than five (5) days prior or the deposit will be forfeited.
- Arrangements for entry to the building must be made at least one week prior to the event.

  If this contact is not made, deposits and /or fees will be forfeited along with loss of facility use.
- Activities may be scheduled for up to an 8 week period of time after which a new application must be completed. Extended use will be approved at the discretion of the Recreation Department and/or Board of Selectmen.
- Should any problems or damage occur, please contact Town Maintenance (303-2151). Board of Selectmen (887-4979) and Recreation (887-5773) can also be reached during normal business hours.
- The facility check list must be completed and returned upon completion of the event.

## STEVENS MEMORIAL HALL CHECK LIST FOR RETURN OF SECURITY DEPOSIT Please contact Town Maintenance at 303-2151 if any problems occur

Auditorium	<u>Before</u>	<u>After</u>
	Yes/No	(√)
All chairs returned against outside walls.		
All metal chairs returned to dining room and stacked.		
Please do not drag tables and/or chairs. This causes damage to floor.		
<ul> <li>Floor is swept and dirt picked up. Please do not sweep dirt down heating vent.</li> </ul>		
Heat turned down to 55 degrees. All fans turned off.		
All windows shut and locked. Shades should be completely raised.		
All trash is removed from premises.		
All lights are to be turned off and doors to be locked prior to leaving.		
Dining Room		
<ul> <li>All tables washed. Tables/chairs stacked along the walls.</li> </ul>		
Please do not drag tables and/or chairs. This causes damage to floor.		
Floor is swept and dirt picked up.		
Heat turned down to 55 degrees.		
All trash is removed from premises and taken to the Trash room outside.		
<ul> <li>All lights are to be turned off and doors to be locked prior to leaving.</li> </ul>		
Rest Room		
test Noon		
Rest rooms must be cleared of all debris on floor and in sink.		
• Flush toilets		
Please note below any problems encountered, damage to premises, etc.		
Area(s) Used: Auditorium Dining Room Kitchen	Res	troom
Name of Organization / Group / Individual:		
Contact: Date of use:		
Phone: Email:		
Fime In: Time Out:		
Signature: Date:		

Failure to adhere to the above conditions may result in retention of your deposit and denial of future requests to use Stevens Memorial Hall. Please be considerate and respectful of this building and to all who share this building. Thank you.

## TOWN OF CHESTER RECREATION DEPARTMENT