

Longmeadow Adult Center
211 Maple Road, Longmeadow, MA 01106
Tel: 413-565-4150
Fax: 413-565-4152

Building Use Application

Today's Date _____

Name of Applicant and/or Organization _____

Contact Person (if different than above) _____

Address _____

Phone Number _____

Email _____

Date (s) of Function _____

Time: Begin _____ To _____ End (1-hour minimum is required. Time must include set up and breakdown.)

Briefly describe the event: _____

Is there an admission cost? _____

Will food/refreshments be served? *See Building Use Policies* _____

Will there be alcohol? *See Building Use Policies* _____

Room Request (please check) *Classroom #3 includes a small kitchen. Additional rules apply.

Classroom #1 Classroom # 2 Classroom # 3* Classroom # 2 & 3*

Multi-Purpose Room Gymnasium Conference Room

Security deposits are required for all rentals and are due at time of reservation. (*Classroom Security Deposit - \$50.00, Multi-Purpose Rm. & Gymnasium Security Deposit - \$150.00. Checks can be made to "Town of Longmeadow".*) Security Deposits are returned after rental space has been inspected and found to be in good condition. Please allow 2 to 3 weeks.

THE TOWN OF LONGMEADOW DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, PHYSICAL HANDICAP, RELIGION OR NATIONAL ORIGIN.

For Office Use Only

Rental Rate Category: _____ Approved: _____ Denied: _____ By: _____ Rate per hour \$ _____

A/V Request _____ A/V Fee \$ _____

Insurance Cert. required? Y/N Insurance Cert. provided? Y/N

Cash: _____ Check: _____ Deposit Amt. Paid \$ _____

Invoice sent on: _____ Total Received \$ _____ (Cash: _____ Check: # _____)

Comments: _____
