

TOWN HALL MEETING HALL RESERVATION REQUEST

Name of Organization:		
Name of person applying:		
Address:		
Mailing address if different:		
Phone:		E-mail Address:
Profit <input type="checkbox"/>	Non-Profit: <input type="checkbox"/>	
Date (s) of Event:		Time (from/to):
Size of group: (Room capacity: 200 seated/285 standing/140 with tables and chairs)		
Description/Purpose of Event:		
Food/beverages: describe		
Alcohol/beer and wine: (circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, One-day application must be attached.		
Equipment to be brought in (list in detail):		
Equipment needed: Podium: <input type="checkbox"/> Tables: <input type="checkbox"/> Number Required:		
Other Requests, Comments, info. Etc:		
Person Responsible: Name		Title:
Mailing Address		
Phone:	Secondary Phone:	E-mail:
I AFFIRM THAT I HAVE READ THE ATTACHED RULES AND REGULATIONS AND USE POLICY AND AGREE TO THESE TERMS.		
User Name (printed):		
User Signature:		Date:

Return Reservation Application to:

**Sandwich Town Hall
130 Main Street
Sandwich, MA 02563**

Phone: 508-888-4910

Fax: 508-833-8045

Office Use:

Approved:

Disapproved:

Town Approval Signature:

Date:

Reservation Sheet Must be submitted two weeks prior to event:

Date:

Staff Initials:

Key #:
Key – returned

Date:
Date:

Staff Initials:
Staff Initials:

Payment/Rental amount:

Date Paid:

Staff Initials:

Insurance Certificate:

Date:

Staff Initials:

One Day Liquor Application:

Date Approved:

Staff Initials:

Monitor Required?

Name of Monitor: