

**APPLICATION/CONTRACT FOR USE OF EASON HALL FACILITIES (V.B. 7/17/17)**

Name of Applicant/Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Room(s):  Auditorium  North Room  Balcony/Kitchen  Other

Time: From \_\_\_\_\_ to \_\_\_\_\_

Date Needed \_\_\_\_\_

Type of Activity (Age Group, if a Student Dance) \_\_\_\_\_

Anticipated Number of Participants \_\_\_\_\_

Will Alcoholic Beverages be consumed?  Yes  No

**Generally alcoholic beverages are not allowed in Eason Hall. However with proof of the appropriate General Liability including Host Liquor Liability Insurance coverage listing the Village of Westfield as an additional insured on their policy, in advance of the event, applicants may be authorized by the Village to consume alcohol during their event.**

Admission  Will be charged  Will not be charged

Any receipts in excess of expenses will be used for (please be specific):

**NO SMOKE OR FOG MACHINES !!**

I (we, if a company, non-profit, other organization) have read and agree to comply with the ARules for the Use of Eason Hall Facilities@, and further acknowledge/agree and/or understand that in signing below, a contract between me, (or the organization I represent that is using said facilities), agree to secure the appropriate general liability insurance and under certain circumstances, also Host Liquor Liability insurance coverage. In addition, I (we) also agree to list the Village of Westfield, 23 Elm Street-Eason Hall, Westfield, N.Y. 14787 as an AAdditional Insured@ on our insurance policy for the duration of the event for which this contract applies.

\_\_\_\_\_  
Authorized Signature/Date

Approved  Disapproved Reason \_\_\_\_\_

**\$100 Refundable Deposit by check to guarantee cleanup**

**Final Fee for Room Usage (\$50=up to 2 hours; \$100=2-4 hours; \$150=more than 4 hours)**

**North Room Fee = \$50**  **Balcony/Kitchen Fee = \$50**

**Frequent/Heavy Users = \$50/Day (see Reservation Priorities Page 2, "1.f")**

**PROFIT MAKING GROUPS=\$100 PER DAY**

**Certificate of Insurance Required**

**(Minimum Required \$300,000.00)** Date Received \_\_\_\_\_

FOR OFFICE USE ONLY

Comments:

\_\_\_\_\_

\_\_\_\_\_