

APPLICATION/CONTRACT FOR USE OF EASON HALL FACILITIES

(V.B.3/20/23- AS OF JUNE 1ST)

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 "Rules 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 "Additional Insured" on our insurance policy for the duration of the event for which this contract applies.

Authorized Signature/Date

Approved Disapproved Reason _____

\$150 Refundable Deposit by check to guarantee cleanup

Final Fee for Room Usage (\$150=up to 2 hours; \$200=2-4 hours; \$250=more than 4 hours)

North Room Fee = \$150 Balcony/Kitchen Fee = \$150 Balcony Only = \$100

Frequent/Heavy Users = \$150/Day (see *Reservation Priorities Page 2, "1.f"*)

Frequent/Heavy Users Balcony Fee =\$25/per session

PROFIT MAKING GROUPS=\$250 PER DAY

Certificate of Insurance Required

(Minimum Required \$300,000.00)

Date Received _____

FOR OFFICE USE ONLY

Comments: