**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: