

## **Eno Memorial Hall**

754 Hopmeadow Street, Simsbury, CT 06070 Phone: (860) 658-3273 / Fax: (860) 408-7046

khaberlin@simsbury-ct.gov

## User Agreement/Room Rental

Group Name:			
Title of Meeting/Event:			
	End Time:		
Contact Person:			
Cell Phone:		Work Phone:	
Home Phone:		Email:	
Secondary Contact Person:			
Cell Phone:		Work Phone:	
Home Phone:	I	Email:	
Group Classification:			
Town Organization	Charitable Ser	vice Group	Community Group
Room(s) Requested: (Room	s are subject to change wit	thout notice)	
Auditorium	Old Court Room	Youth Room	_ Craft Room
South Conference	Room Kitch	en	

Food Service: Yes No If yes, please describe (type of beverages, snacks, meals, etc.)
Room Set-Up Diagram(s) Attached? Yes No
Insurance Certificate Submitted: Yes No
(Insurance is required for groups larger than 50 people)
Rental Fee: \$ Security Deposit: \$
Cancellation Policy:
will be charged a \$50.00 custodial fee and groups will not be permitted to use the facility until all balances are paid. Considerations for inclement weather will be given. If an event must be cancelled by Town staff due to inclement weather, all fees will be refunded in full.  Restrictions:
<ul> <li>Eno Hall may not be used for private parties of any kind.</li> <li>Alcoholic beverages are not permitted without a Town-issued liquor permit and Board of Selectman approval.</li> <li>Everything brought into the building must be removed the same day as the event/meeting.</li> <li>All groups are responsible for leaving the facilities in the condition they were found.</li> </ul>
I have read the Eno Facility Use Policy and fully understand and agree to comply with the rules for the use of this Town facility. As signatory for this event, I accept responsibility for all actions of the participants in this event.
Printed Name:
Signature:
Date: