



Duxbury Senior Center Rental Agreement

10 Mayflower Street, Duxbury, MA 02332

781-934-5774

Contact: Joanne Moore, Director joannemoore@duxbury-ma.gov

EVENT INFORMATION

Date Requested _____

Time Requested _____

Start Time _____

End Time _____

Room Requested _____

Anticipated Attendance _____

On-Site Maintenance	Start Time		End Time	
Doors to Be Opened	Start Time	AM/PM	End Time	AM/PM
Parking Lot Lights	Start Time		End TI	

RENTER INFORMATION

Organization/Individual's Name: _____

Non-Profit ID # _____

Name _____

Phone _____

Email _____

Address _____

CATERER INFORMATION

None

Bringing Own

Caterer

Name _____

Phone _____

Email _____

Address _____

Please note: Certificate of Insurance with Proof of \$1,000,000 General Liability Insurance naming the Town of Duxbury as additional insured is required and a copy of catering license with address and phone number must be provided.

ROOM SET UP

Number in Attendance _____

Room Set Up

Audience

Conference

Other

Equipment Needed

Podium

Screen

Projector

Hearing Assisted Devices

Laptop

Piano

It is the responsibility of renter to schedule an appointment to learn how to use equipment prior to the event. This meeting has been scheduled on _____ (date/time) with _____.

FEES

Rental Fee				Total Fee
Custodial Fee				
Linens (\$4/per tablecloth)		# for 54" round tables seats 6-7	# for Rectangle tables 6 ft. seats 6; 8 ft. seats 8-10	
Coffee	\$40 per carafe (____ cups)			
Balloons	If you wish to use balloons at the event a \$100 deposit will be collected. Please provide a separate check.			
Kitchen Help	\$75 fee for use of dishwasher			

<i>Linens must be ordered two weeks prior to event</i>		
TOTAL RENTAL FEE		

Renter Acknowledgement

I have read the Senior Center’s Policy for Building Use and fully understand and agree to abide by these conditions.

Signature _____ Date _____

This contact has been distributed to staff on _____ (date).

- Custodian
- Finance Supervisor
- Program Manager
- Other _____