

Facility Request for the Wagnalls Memorial

Statement of Limitations: The Executive Director of The Wagnalls Memorial reserves the right to make any changes at any time in the use of any and all equipment or facilities of The Wagnalls Memorial.

VENUE: Auditorium Banquet Hall Garden/Amphitheatre Stevenson Room Willis Room
DATE NEEDED: (include day of week): _____

TIME OF EVENT: (include start time & end time): _____

DATE/TIME OF SET-UP/PREPARATION: _____
(if setting up on the previous day, a separate reservation needs to be made and will be billed to you)

EVENT/ORGANIZATION: _____

BRIEF DESCRIPTION OF EVENT: _____

NO. OF PEOPLE: _____ EQUIPMENT NEEDED: _____

WILL YOU NEED THE ELECTRICITY TURNED ON FOR YOUR OUTDOORS EVENT? YES NO (circle one)

TODAY'S DATE: _____ MONEY MAKING? YES NO (circle one)

NAME(S): _____

ADDRESS: _____

ARE YOU A BLOOM TOWNSHIP RESIDENT? YES NO EMAIL ADDRESS: _____

PHONE(S): _____

ALTERNATE CONTACT PERSON AND PHONE: _____

WOULD YOU LIKE TO BE ADDED TO OUR MAILING LIST? YES NO

IF WEDDING RECEPTION / CEREMONY, GIVE NAME & ADDRESS OF BRIDE / GROOM OR PARENTS OF BRIDE / GROOM; OR IF BIRTHDAY PARTY, GRADUATION PARTY, WEDDING SHOWER, WEDDING ANNIV, ETC, GIVE NAME & ADDRESS OF PERSON PARTY IS BEING HELD FOR: _____

I have read the "Rules and Regulations" and agree to comply with them. If a fee is to be assessed for the use of the facilities, I agree to pay the fee at the time of reserving the facility. I understand and agree that for each additional hour that I utilize the facility beyond my scheduled time, I will be billed additionally at the hour rate. I understand that I am responsible for any damage to the premises, other buildings of The Wagnalls Memorial or the surrounding grounds that occurs during the event or is caused by any attendee or food service provider at the event. I further understand that I am responsible for any injury, theft, property loss or food-related illness occurring during the time of the rental. I agree to hold The Wagnalls Memorial harmless from any and all liability, damage, expense or loss of any kind, which may result from my rental of the premises.

(Signature of applicant)

(Date)

(Signature of director's approval & date)

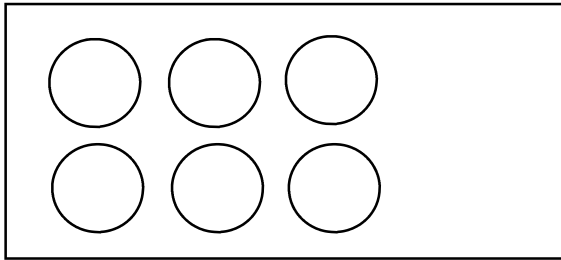
(Date request entered w/ staff initials)

(Date deposit paid if applicable w/ staff initials)

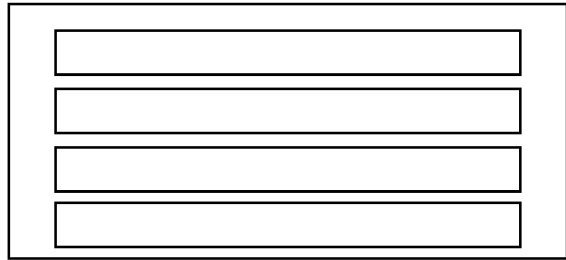
/_____
(Date & amount of balance due/ Received on & by)

ROOM SET-UP

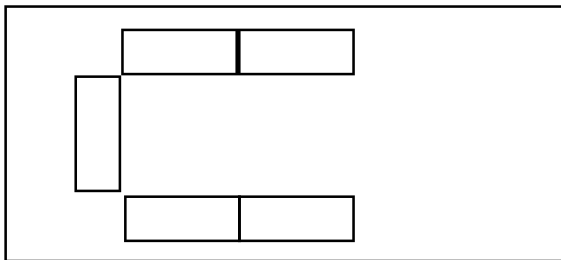
48 people at round tables



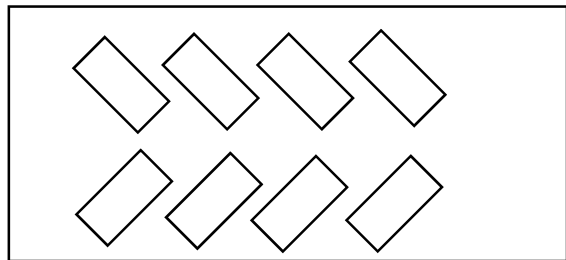
Rows—up to 120 people



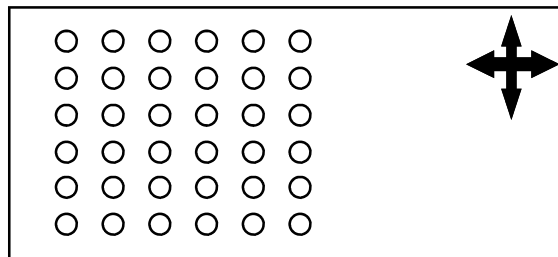
U-shape—36-52 people



Angled—up to 64 people



Auditorium style—no tables for seating



Equipment Needs

- | | | |
|--|---|---|
| <input type="checkbox"/> Slide Projector (\$10) | <input type="checkbox"/> Extension Cord(s) | <input type="checkbox"/> Table Service (\$25) |
| <input type="checkbox"/> Digital Overhead Projector (\$25) | <input type="checkbox"/> Podium | <input type="checkbox"/> Punch Bowl |
| <input type="checkbox"/> TV/VCR or DVD (\$20) | <input type="checkbox"/> Microphone | <input type="checkbox"/> Coffee Maker |
| <input type="checkbox"/> Overhead Projector (\$10) | <input type="checkbox"/> Electronic Keyboard (\$10) | <input type="checkbox"/> Ice Caddy/ Bucket |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Piano (tuning \$75) | <input type="checkbox"/> Warming Box (\$10) |
| <input type="checkbox"/> Whiteboard | <input type="checkbox"/> Dressing Room | <input type="checkbox"/> Cigarette Extinguisher |
| <input type="checkbox"/> Easel | <input type="checkbox"/> Access to Breezeway | |

Extra tables for: tickets refreshments buffet cake table gift table registration