

Chapel Meeting House Reservation Request

Foxboro Recreation Department Friends of Camp St. Augustine

(Please make all booking requests at least ten days in advance of your use.)

Name of Organization or Party _____

Type of Event(s) _____

Date(s)/Time(s) Required _____
(Availability begins April 1, 2010 and ends December 31st for the 2010 season;
hours are 9AM-9PM, weekdays, 9AM-11PM, weekends)

Authorized Agent and Contact _____

Address _____

Phone _____ Day _____ Evening _____

Email _____

Estimated Attendance (Note: Chapel capacity is 60) _____
(Please note for the 2009 season what will be provided: four 8' tables, and four 6' tables with up to 60 chairs. Any other additional equipment needs will have to be provided by your organization.)

Please specify how you heard about the Chapel Meeting House: _____

Will refreshments be served? _____ Yes _____ No

If yes, briefly describe. _____
(NOTE: ALL FIELDS ABOVE MUST BE COMPLETED IN ORDER FOR YOUR REQUEST TO BE CONSIDERED.)

YOU MUST READ AND AGREE TO THE CHAPEL MEETING HOUSE POLICY LISTED ON THE NEXT PAGE IN ORDER FOR THIS REQUEST TO BE CONSIDERED. UPON APPROVAL BY THE RECREATION DEPARTMENT, YOU WILL BE EMAILED AND SENT WRITTEN CONFIRMATION OF YOUR MEETING HOUSE BOOKING. ALL BOOKINGS ARE SUBJECT TO AVAILABILITY AND THE DISCRETION OF THE RECREATION DEPARTMENT.

As representative of the applicants of the event above, I, _____, hereby agree, to the maximum extent permitted by law, indemnify and hold harmless the Town of Foxboro, its officers, agents and employees, including the Friends of Camp St. Augustine and its officers and members, from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses (including reasonable attorney's fees) that may arise out of or in connection with applicant's lease or use of the Chapel Meeting House, 56 Mill Street, and for any damage to its real or personal property that occurs in conjunction with the lease or use of the Cocasset River Recreation Area by applicant, unless the damage is caused by the Town of Foxboro's gross negligence or willful misconduct.

Signature of Authorized Agent or Individual _____ Date _____

Received By _____ Date _____
FOCSA member initials

Received/Approved _____ Date _____
Recreation Department Official

Entered and confirmed by _____ Date _____
FOCSA member initials