





Hubbard Hall Venue Request Form

1. Name of Event:					
2. Description:					
3. Event Dates (include setup):		Start Time:		End Time:	Total Hours:
4. Anticipated # Attendees:					
5. Venues Requested:	<input type="checkbox"/> Main Hall <input type="checkbox"/> Freight Depot <input type="checkbox"/> Lovejoy <input type="checkbox"/> The Rail Yard <i>Greenspace</i> Beacon Feed: <input type="checkbox"/> Dance Studio <input type="checkbox"/> Visual Art Studio <input type="checkbox"/> Board/Music Room				
6. Special Needs:	Audio-visual: <input type="checkbox"/> NEED <input type="checkbox"/> WILL BRING <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen <input type="checkbox"/> DVD <input type="checkbox"/> VHS <input type="checkbox"/> monitor <input type="checkbox"/> Other:				
	Food Service: <input type="checkbox"/> NEED <input type="checkbox"/> WILL BRING <input type="checkbox"/> Tables: _____ <input type="checkbox"/> Chairs: _____ <input type="checkbox"/> Tents: _____ <input type="checkbox"/> Liquor License <input type="checkbox"/> Food Warming Equipment <input type="checkbox"/> Refrigeration <input type="checkbox"/> Coffee Service/Other:				
	Logistics: <input type="checkbox"/> NEED <input type="checkbox"/> WILL BRING <input type="checkbox"/> Electric hookups: _____ <input type="checkbox"/> Heat/AC <input type="checkbox"/> Recycling & Trash Removal <input type="checkbox"/> Staff/Volunteers: _____ <input type="checkbox"/> Parking Facilities <input type="checkbox"/> Sanitary Facilities <input type="checkbox"/> Other:				
7. Sponsoring Organizations:	<input type="checkbox"/> Hubbard Hall * <input type="checkbox"/> Other:				
8. Organization's Website or other PR vehicles (e.g., Facebook):					
9. Contact Person:					
10. Sponsor organization should provide certificate of insurance naming Hubbard Hall as <i>also insured</i> for the duration of this event: <input type="checkbox"/> Certificate of insurance is attached <input type="checkbox"/> Certificate of insurance will be sent separately <input type="checkbox"/> * Believing this event to be consistent with Hubbard Hall's mission, we request event co-sponsorship by Hubbard Hall in order to be covered under Hubbard Hall's insurance.					
11. Anticipated Donation:					
12. Sponsoring Hubbard Hall Member:					
13. Submitted by:			Title / Organization:		
14. Signature:				Date:	
Status:	<input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Reviewed by:				Date:	

