

FACILITIES USE APPLICATION

Date Requested: _____

Time Requested : _____ (please include set-up/cleaning time)

Proposed use of facilities: _____

List equipment/services planned to be brought in: _____

Example: popcorn popper, caterer, party materials

Building(s) and space requested: (please check)

Macomber: _____

Meeting House: _____

Meeting House, Macomber: _____

Meeting House, Macomber, Potter: _____

Potter Annex: _____

Outside Grounds: _____

Total number of people anticipated: _____ Adults: _____ Children: _____

Organization/committee: _____

Contact Person: _____

Phone: Home (____) _____ Phone: Cell (____) _____

Email: _____

City, State, Zip Code: _____

Will contact person be on premises during event? Yes: _____ No: _____

Users may be asked to provide liability insurance coverage. A "Certificate of Insurance", if needed, must be provided at signing of the "Agreement for Use of the Facilities" with Westport Monthly Meeting of Friends listed as "Additional Insured". Organizations that carry liability coverage will need to provide proof of that coverage at signing.

Please be reminded that there are no restrooms in the Meeting House. They are available in the adjacent Macomber Community House.

*Please remember also that there can be NO smoking in our buildings.

*There can be NO consumption of alcohol on our premises.

Please complete and return this form to:

Gretchen Baker-Smith, Property Coordinator
Westport Monthly Meeting of Friends
938 Main Road
Westport MA 02790

Contact:
hello@gretchen@gmail.com
Phone: (508) 636-4963

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