

**TOWN OF BARRINGTON**  
**BAY SPRING COMMUNITY CENTER**  
**Meeting Space Application Form**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Purpose of Meeting (be specific) \_\_\_\_\_

Expected Attendance \_\_\_\_\_ Room Requested \_\_\_\_\_

Day(s)/Date(s) Requested \_\_\_\_\_

\_\_\_\_\_  
Alternate Day(s)/Date(s) \_\_\_\_\_

Hours Being Requested (include setup and breakdown) \_\_\_\_\_ to \_\_\_\_\_

Applicants are required to provide a Certificate of Liability Insurance, through the Lessee's insurance company, in an amount not less than \$1 million, naming the Town of Barrington as additional insured, and the Lessee's Indemnification Agreement. In addition, any individual or group using the rooms located in the Bay Spring Community Center for a non-Recreation Department event, shall be required to provide the name(s) of the contact person(s) and telephone number(s) in all advertising, press releases and media announcements.

I have read the Bay Spring Community Center policies, rules and regulations and fee schedule, and agree to comply with all.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FOR TOWN USE ONLY**

Recreation Director Signature (1 month in advance) Signature \_\_\_\_\_

Room Booked as Follows \_\_\_\_\_

Requestor Contacted

Certificate of Insurance Collected on (date) \_\_\_\_\_

Lessee's Indemnification Agreement Collected/Notarized on (date) \_\_\_\_\_

Fee of \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Collected on (date) \_\_\_\_\_

Town Clerk's Office Receipt of all Forms and Fees (date) \_\_\_\_\_