

APPLICATION FOR THE USE OF SPACE IN THE MILLER COMPLEX
(PLEASE TYPE OR PRINT. COMPLETE BOTH PAGES**)**

DATE(S) REQUESTED:

1. _____
2. _____
3. _____

ROOM SELECTION:

Thornton Wilder Hall _____ Foyer _____
Social Hall _____ Activity Room _____
Conference Room _____

EVENT TIME: _____

(Indicate beginning & ending time of event. Include any advance program preparation or follow-up needed)

APPLICANT'S ORGANIZATION: _____

HAMDEN NON-PROFIT _____ **HAMDEN PROFIT** _____ **OUT-OF-TOWN** _____

PURPOSE OF EVENT(S): _____

REFRESHMENTS TO BE SERVED (if yes, please detail): _____

ADMISSION CHARGE: _____

ANTICIPATED ATTENDANCE: _____

APPLICATION MUST BE SIGNED BY TWO MEMBERS OF THE SPONSORING ORGANIZATION WHO WILL BE HELD LIABLE FOR ANY DAMAGE OR LOSS OF PROPERTY ARISING FROM THE ACTIVITY. **ONE OF THE PERSONS LISTED MUST BE IN ATTENDANCE AT THE EVENT. PLEASE SO INDICATE BY(***)**

NAME

ADDRESS

PHONE: HOME/BUSINESS

YOUR SIGNATURE INDICATES YOU HAVE READ AND AGREE TO THE CONDITIONS OF THE BUILDING RULES AND REGULATIONS FOR USE OF THE MILLER COMPLEX.

(Signature of Applicant)

(Date of Application)

APPLICATION CHECKLIST FOR MILLER COMPLEX
(Numbers in parentheses indicate maximum number available)

Thornton Wilder Hall

(Indicate where and number needed)

	<u>ON STAGE</u>	<u>FLOOR LEVEL</u>
Stage	_____	_____
Chairs (250)	_____	_____
Grand Piano (Stage only)	_____	_____
Rectangular Tables	_____	_____
Podium	_____	_____
Microphone	_____	_____

(Circle type of microphone: Table/Standing/Podium)

Front Foyer

_____ Ticket Window with card table

_____ Kitchen (No dishes, utensils or oven available. Has stove, sink, refrigerator).

_____ Foyer with _____ tables (4)

Activity Room (has sink)

_____ Rectangular tables (6)

_____ Chairs at tables (36)

_____ Chairs auditorium style(40)

Social Hall

_____ Round tables (9)

_____ Rectangular tables (6)

_____ Chairs at tables (60)

_____ Chairs auditorium style (72)

_____ Kitchen (no dishes or utensils available)

Conference Room

_____ Rectangular tables (2)

_____ Chairs (12)

Media Equipment (Prior arrangement with Library Media Department required).

_____ Screen _____ Slide Projector _____ Overhead Projector

_____ Video Projector _____ Portable lectern/microphone

WHEELCHAIR ACCESSIBILITY for _____ wheelchairs

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____

APPROVED _____ DENIED _____

REASON: _____

FEE: _____

**** INSURANCE IS REQUIRED**

Signature, Miller Management Board/Town of Hamden