



Special Event Request Form

The Special Event Request Form must be completed and submitted to the Worcester Public Library sixty (60) calendar days prior to the 1st day of the event. *Submission of this Special Event Request Form does not confirm approval of event.

Executive Director

Worcester Public Library
3 Salem Square
Worcester, MA 01608

Tel. (508) 799-1655 ext. 35700
Fax (508) 799-1733

1. Once the Special Event Request Form has been approved, a contract between the Worcester Public Library and the applicant will be issued. The contract must be signed and returned forty-five (45) days prior to the 1st day of the event. A reservation check for one-half the amount of the rental fee and the Certificate of Liability Insurance must be submitted with the contract. The balance of the reservation fee is due one week before the event, and a security deposit of \$500.00. The security deposit is required and will be returned to you five (5) days after the event provided:
 - a. All regulations for the use of the library have been observed;
 - b. There has been no damage to the library building, its contents or grounds.
2. Failure to comply with the above regulations will result in immediate cancellation of the event.
3. Once the event has been approved and all fees paid, NO CHANGES may be made in the plans you presented without the Executive Director's approval FIRST.
4. No advertisement or invitations for the event may be made without prior approval from the Executive Director.

Any misrepresentation in this application or deviation from the final agreed upon activities and/or method of operation described herein may result in the immediate revocation of the permit and termination of the contract and/or cancellation of the event. If you have any questions, please call the office of the Executive Director at (508) 799-1655 ext. 35700.

PLEASE SIGN AND DATE ON THE LINES BELOW INDICATING THAT YOU UNDERSTAND AND WILL ABIDE BY THE ABOVE REGULATIONS.

Name

Date

Special Event Request Form

Approved by the Board of Directors February 2016

Event Information: Public Private

Requested Event Date: _____

Type of Event (select all that apply):

Banquet Birthday Party Concert Dance

Reception Rehearsal Wedding

Other: _____

Title of Event: _____

Purpose of Event: _____

Location of Event (select all that apply):

Saxe Room Banx Room First Floor Interior

Applicant's Name: _____

Producing Organization (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Phone: (Day) _____ (Cell) _____ (Evening) _____

Email Address: _____

Event Coordinator (if different from applicant): _____

Event Schedule:

Set up date: _____ Start time: _____ End time: _____

Take down date: _____ Start time: _____ End time: _____

Doors open for the event at: _____