



# TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-369  
Telephone (508) 240-3700 – Fax (508) 240-3703  
[www.town.orleans.ma.us](http://www.town.orleans.ma.us)

**SELECT  
BOARD**

**TOWN  
MANAGER**

## APPLICATION FOR 44 MAIN STREET COMMUNITY BUILDING USE

Organization/Group/ Taxpayer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date(s) Requested \_\_\_\_\_  
*(not to exceed three (3) consecutive days and/or six (6) times)*

Hours Requested  
in 2-hour blocks: \_\_\_\_\_

### RENTAL FEES PER 2-HOUR BLOCKS:

Applicant	Weekdays (Mon-Fri) 8:30 am–4:30 pm	4:30 pm – 9:00 pm and weekends (Sat-Sun)
Non-Profit Organizations	\$25	\$115
Individual Taxpayer	\$50	\$140

Facility use fees must be paid with the application.

\$ \_\_\_\_\_ Paid on: \_\_\_\_\_  Check  Cash

<p><b>Please explain the purpose of the building use:</b></p>	<p><b>Will food be served? (if so, provide details)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Total # of people expected _____ (max 85)</b></p>
<p><b>Will admission be charged and/or will funds be raised?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, for what purpose?</i></p>	<p><b>Will items be sold?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please explain.</i></p>

### HOLD HARMLESS AGREEMENT

It is agreed by \_\_\_\_\_, hereinafter referred to as the Applicant, that the Town of Orleans be absolved of any and all liability brought about by the actions of the participants and/or patrons of the Organization while using the Orleans Community Building facilities for the purpose originally stated. It is further agreed that the facility user/organization/group accepts full responsibility for any and all damages caused by the participants and/or patrons of the facility user/organization/group that are determined to be above and beyond what is considered normal wear and tear of the facilities. I attest that the above-named organization/group/taxpayer is in compliance with the Town of Orleans CORI Policy and has successfully completed background CORI checks when required, on all applicants and volunteers within the organization and has been approved in accordance with all appropriate state and local laws and policies. Changes in the CORI must be updated and on file at the Town of Orleans Town Manager's Office. I further agree to indemnify and hold harmless the Town of Orleans, and all of its officers, employees, volunteers, and agents from any claims asserted by any person for damages for personal injuries including loss of life and/or loss of property and arising from or related to an event or incident occurring on or about the Orleans Community Building and/or grounds at Parish Park, in use during the event.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Approval is contingent upon space availability and payment of the non-refundable rental fees. If for any reason you no longer wish to use the space, please contact us immediately at 508-240-3700 x 2415. This application must be submitted at the Town Manager's Office.

**FOR TOWN OF ORLEANS USE ONLY:**

Building Availability: \_\_\_ Available      \_\_\_ Unavailable

Estimated Needs: Additional Staff Hours \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Approved

\_\_\_\_ Denied REASON: \_\_\_\_\_

\_\_\_\_ Written on Master Calendar

\_\_\_\_ Contact Person Notified

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