

FAIRFIELD PARKS & RECREATION COMMISSION
THE MULTI PURPOSE ROOM AT SOUTH PINE CREEK PERMIT AGREEMENT

- A (50%) Fifty Percent Security Deposit is required to make this reservation.
- Cancellations made less than 30 days from the event date will result in forfeiture of the entire deposit. A date change is considered a cancellation.
- The Balance and Damage Bond information are due 14 days prior to the function.
- The Security Deposit and Balance are payable by check or credit card imprinted with Lessee's name and address as stated on application. If different, the Non-Resident rate will be charged.

Please understand that we are not staffed to provide private viewings of the building. Please provide a copy of rules and regulations to any company or person hired for your event.

Please PRINT the following information:

Lessee's Name _____ Date of Birth _____ Age _____ (Must be 21)

Street _____ Fairfield Resident: Yes _____ No _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Organization _____

Street _____ City _____ State _____ Zip _____

Type of Function (i.e. birthday party, bar/bat mitzvah, etc.) _____ Approx. Age of Guests _____

*****PLEASE INITIAL:**

NO Alcohol or Smoking is permitted _____ **Pool Table Use - Ages 11 and older only** _____

NO Furniture is permitted to be brought in _____

THE MULTI PURPOSE ROOM @ SOUTH PINE CREEK
210 Old Dam Road, Fairfield, CT 06824

Residents \$150 - 90 Minutes 30 minutes before and after included
 Non-Residents \$300 - 90 Minutes Additional Hours \$100 Res/\$200 NR

Date of Function _____

Time _____

Number of Guests Adults _____ Children _____ **Max. Capacity 150**

\$228.00 to hire Police Officer who must be assigned for any function with over 125 people; or at the Discretion of the Parks & Recreation Director.

Includes:

- 7 – 60” round tables (seats 8)
- 10 – 6’ x 3” rectangular tables
- 75 – Folding Chairs
- 40 – white stackable chairs
- Microwave and Refrigerator in Kitchen

Signature: _____	Date: _____
Payment/Damage Bond - REQUIRED	
I authorize and verify the information provided on this form as well as my credit card information below and understand that, if I have failed to pay the balance of my contract by 14 days prior to the function, my credit card will be charged for the remaining balance following attempts by the Parks & Recreation Department to contact me.	
Credit Card Type: Amex: Visa: MasterCard: Discover:	
CC #: _____	Exp. Date: _____
CVV Code: _____	

Please fill out this entire agreement and return to: RecSupport@fairfieldct.org Thank you.