



**Town of Stow**  
**Building Department / Facilities Management**  
380 Great Road  
Stow, MA 01775  
p. 978-897-2193  
e. [building2@stow-ma.gov](mailto:building2@stow-ma.gov)  
[www.stow-ma.gov](http://www.stow-ma.gov)

**Community Center Reservation Request Form**

Event Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Actual Date Requested: \_\_\_\_\_

Description of Proposed Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Time Requested (including set-up and clean-up): \_\_\_\_\_

Actual Event Time: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ NOTE: Occupancy is limited depending on type of event.

Do you require access to the kitchen? If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Will Food or beverages be served at this function? \_\_\_\_\_

Will alcohol be served at this function? \_\_\_\_\_

Equipment needed: Chairs – amount \_\_\_\_\_ / Tables (tables seat 8 people) – amount \_\_\_\_\_ / Projection Equipment \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Upon completion of this form, please forward to the Building Department – 380 Great Road Stow, MA 01775 or via e-mail at [building2@stow-ma.gov](mailto:building2@stow-ma.gov)*



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### LESSEE'S INDEMNIFICATION

\_\_\_\_\_ (lessee) shall to the maximum extent permitted by law, indemnify and save harmless the Town of Stow, its officers, agents, volunteers, and employees from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs, and expenses (including reasonable attorney's fees) that may arise out of or in connection with Lessee's lease or use of the Pompositticut Community Center, 509 Great Road, Stow, MA for any damage to its real or personal property that occurs in conjunction with the lease or use of Pompositticut Community Center by lessee, unless the damage is caused by the Town of Stow's gross negligence or willful misconduct.

Lessee:

*Signature*

\_\_\_\_\_  
*Type or print name; Authorized Representative of [organization]*

\_\_\_\_\_  
*Date*