

**CHARTER HALL RENTAL  
PO BOX 39  
SHERMAN, CT 06784-0039**

Rental Agreement  
(Please Print)

Date requested: \_\_\_\_\_ Event: From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

Reserved time: From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

Type of event:  Private party  Fundraising event  Meeting  Other \_\_\_\_\_

If other than private individual, please give name of group or organization:

\_\_\_\_\_

# of people expected \_\_\_\_\_ # of chairs needed \_\_\_\_\_ # of tables needed \_\_\_\_\_

Food service anticipated?  Yes  No

Renting (Check space needed):  Side A  Side B  Entire room  Kitchen

Name of renter: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I have read the rules, hold harmless agreement, and fees. My signature attests to my agreement.

Signature of responsible person: \_\_\_\_\_

Mail this contract, the hold harmless agreement, and your access card/key(s) and damage deposit of \$250.00 to: Town of Sherman, Attention: Administrative Assistant to the Selectmen, PO Box 39, Sherman, CT 06784-0039. Checks should be made payable to the Town of Sherman. Please send separate checks, noting on each check whether it is for the access/damage deposit or the rental fee. Access cards may be picked up at the Selectmen's Office, Town Hall (860-355-1139) during business hours. **Access cards/key(s) must be returned to the Selectmen's Office on the first business day following the event.**

**To be completed by Booking Clerk:**

- Date Deposit Received \_\_\_\_\_ Amount of Deposit \_\_\_\_\_ Check # \_\_\_\_\_
- Date Rental Received \_\_\_\_\_ Amount of Rental \_\_\_\_\_ Check # \_\_\_\_\_
- Date Deposit Returned \_\_\_\_\_ Amount of Refund \_\_\_\_\_ Released by \_\_\_\_\_
- Date signed Indemnification and Hold Harmless received \_\_\_\_\_
- Date Proof of Insurance received \_\_\_\_\_
- Date key(s) access card number(s) # \_\_\_\_\_ issued
- Access prior to 8:00 AM and/or after 10:00 PM needed; approved by First Selectman \_\_\_\_\_; request sent to card issuer on \_\_\_\_\_
- Access to kitchen required; key/kitchen access card # \_\_\_\_\_ issued on \_\_\_\_\_
- Custodial service required for \_\_\_\_\_ hours at \$34.50/hr.; add \$\_\_\_\_\_ to rental fee
- Custodial service request forwarded to Facilities Manager on (date) \_\_\_\_\_
- Room divider needed; request forwarded to Facilities Manager on (date) \_\_\_\_\_
- Climate control request forwarded to Facilities Manager on (date) \_\_\_\_\_
- Notification of use sent to SVFD liaison on (date) \_\_\_\_\_
- Capacity exceeds 100 persons; Fire Marshal notified on (date) \_\_\_\_\_
- Floor plan required by Fire Marshal; renter notified on (date) \_\_\_\_\_
- Floor plan forwarded to Fire Marshal on (date) \_\_\_\_\_
- Overflow Parking Rules in effect; renter provided with policy on (date) \_\_\_\_\_

## CHARTER HALL RENTALS

### Fee Scale Based on User

[For use by office staff only] User type	Deposit required?	Insurance required	Fee
SVFD-sponsored training and functions	NO	NO	NONE
Town government meetings and functions	NO	NO	NONE
Local political organizations (e.g., RTC, DTC)	NO	NO unless alcohol is served	NONE
Private functions of SVFD members	NO	NO unless alcohol is served	NONE
501(3)(c) entities and similar organizations	YES	YES	YES, at 75% of regular rental fee
Homeowner's associations	YES	YES	YES
Residents	YES	YES	YES

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INDEMINIFICATION AND HOLD HARMLESS AGREEMENT

WHEREAS, the undersigned has requested authorization from the Town of Sherman to use the facilities known as Charter Hall on (date) \_\_\_\_\_

for the following purpose: \_\_\_\_\_.

NOW THEREFORE, in consideration of the use of said facilities and as an inducement to the Town of Sherman to grant such authorization, the undersigned hereby agree(s) at all times to indemnify and hold harmless the Town of Sherman, the Sherman Volunteer Fire Department, their officers, agents, representatives, servants, and employees from any and all claims, damages, losses, or judgments for injury to persons or property which is alleged to have been sustained as a result of activities conducted by the undersigned, its guests, and invitees at Charter Hall for the activities herein described.

Signature: \_\_\_\_\_

Liability Insurance Policy Company: \_\_\_\_\_

Liability Insurance Policy Number: \_\_\_\_\_

Please return this agreement with the Rental Agreement and your deposit and/or rental fee to:  
Town of Sherman, Attention: Administrative Assistant to the Selectmen, PO Box 39, Sherman, CT  
06784-0039.