

**Town of Kingston  
Recreation Department  
33A Summer Street, Kingston, MA 02364  
(781)585-0533 Fax: (781)585-0545  
Reed Community Building/Facility Use Request Form**

**If bringing in food or making craft projects please bring a table cover for tables.  
Ball playing not allowed in the building (unless it is a specified Recreation Department program).**

Name of Requesting Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Representative's Name: \_\_\_\_\_ Purpose: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Day(s): \_\_\_\_\_  
 If multiple dates, please attach additional sheet with all the dates required.  
 Time: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
 # of Adult Supervisors if a Youth Program: \_\_\_\_\_ Percentage of Kingston Residents: \_\_\_\_\_  
 Equipment Needed (tables, chairs, etc.): \_\_\_\_\_

*If you need a room set up in a specific way, please attach a floor plan with your request.*

Reed Community House Building	Reed Community House Grounds
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Basketball Court
<input type="checkbox"/> Stage	<input type="checkbox"/> Tennis Courts
<input type="checkbox"/> Small North Room	<input type="checkbox"/> Playground
<input type="checkbox"/> South Room	
<input type="checkbox"/> Lower Hall	
<input type="checkbox"/> Kitchen	

**As a reminder, if the above request is for an extended period of time, the Recreation Commission reserves the right to request an organization to discontinue use of the building/facility, with a 60 day notice, if the space becomes needed to run a Recreation Department program.**

The representative, by his/her signature below, affirms that he/she has read the Facility Information Sheet and the memo regarding Reed Community House/Recreation Department Facilities Usage Requests, and agrees that he/she shall accept the responsibility for use of the requested facility. Failure to comply could jeopardize your group's future use.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Do Not Write Below This Line - To Be Completed By Recreation Department Staff**

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Denied                       Approved                       Approved with the following conditions:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Certificate of Insurance (if applicable): \_\_\_\_\_

**Building Fee Schedule:**

***Kingston Non-Profit and Kingston Not-For-Profit Organizations:***

Weekends (Sat. & Sun.) min. of 4 hrs @ \$75/hr. Fee Due: \_\_\_\_\_

During the week after regularly scheduled hours is \$40/hr Fee Due: \_\_\_\_\_

***All Other Organizations:***

Weekends (Sat. & Sun.) min. of 4 hrs @ \$100/hr. Fee Due: \_\_\_\_\_

During the week during regularly scheduled hours is \$40/hr Fee Due: \_\_\_\_\_

During the week after regularly scheduled hours is \$60/hr Fee Due: \_\_\_\_\_

*Fee must be paid prior to the date of the event.  
Please make checks payable to Town of Kingston*