

## GENERAL CONDITIONS FOR USE OF THE GREAT HALL OF THE CODMAN SQUARE HEALTH CENTER

1. The proposed Great Hall activity must contribute to building a sense of community. It may be educational, cultural, recreational or social in nature. **Political fundraisers, commercial activities, religious services events which require admission or private group functions are prohibited.**
2. The Great Hall is available only during hours the Health Center is open, see Facility Information sheet. As a multi-use space, the Great Hall may contain exhibits you may have to accommodate.
3. Any reference to the location of the event must specify "*The Great Hall of the Codman Square Health Center*". However, organizations are prohibited from representing, implying or suggesting through written or other materials or media that the Codman Square Health Center is sponsoring the event, or in anyway approves of or endorses their organization, unless there is an agreement by the Health Center to co-sponsor the event. **In the event of co-sponsorship, the Health Center Development office must approve publicity materials in advance of release.**
4. The Health Center must have prior knowledge and approval of any media coverage of the event, and must be notified at least one week in advance of the event regarding speakers, performers, films or programs, and the set-up of such programs.
5. **Alcoholic beverages, open flames except in warming trays, helium-filled balloons, smoking anywhere in the building, and attaching things to or removing them from the walls are prohibited.**
6. The Health Center does not provide food service and there is no sink for clean up in the facility.
7. Catering services, floral arrangements, decorations and entertainment held on the premises must meet Health Center standards. *Please detail these plans in your application.*
8. A list of furniture and equipment the Health Center can provide is enclosed. You must **request** the use of any of these items **in your application**. The Health Center will set up these items to your specifications. For your safety and protection of the facility, **any other equipment and furniture you plan to use must be approved by the Health Center.**
9. You must submit your floor plan and arrange for the Health Center to set up tables and chairs at least 72 hours prior to the event, see *Facility Information* page.
10. Payment for use of the Great Hall must be made prior to your event.
11. **You must arrange all deliveries in advance with the Health Center.** The doors of the building may not be left open unless attended by a Health Center staff person or designee. Health Center staff will not sign for any delivery. You must arrange for a representative to accept and sign for all deliveries.
12. **Your organization is responsible for all clean-up immediately after the event.** All trash must be bagged properly. All food items must be removed from the premises. Furniture should be left as is.

Authorized signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ENSURE THAT ALL INVOLVED IN PLANNING AND EXECUTING YOUR  
MEETING/EVENT HAVE READ THESE GUIDELINES. THANK YOU!**

# Facility Information

Great Hall at 6 Norfolk Street

## Electrical Service

# dedicated circuits - 2,  
(1 in front of stage, 1 in rear staging room)  
# outlets on stage - 8, (2 4-plug outlets)  
1 more in front of stage  
# on side wall, *one* side only - 8,  
(2 4-plug outlets)  
# on rear wall - 8  
(2 4-plug outlets)

## Room Dimensions

Room: 53'8" x 32'5"  
Stage Dimensions  
12'1" deep x 26'11" front/10'9" rear.  
Stage is 24 1/4" high

## Availability

Weekdays - 5:00pm to 9:00pm  
Saturday - 9:00am to 2:00pm  
other times as an exception with written permission

## Equipment & Furniture

*Sound System - microphone only*  
*Tables 9* 6' round, each seating 8  
persons, maximum 9

**8** 6' rectangular, each seats 8  
Chairs - 120  
Easels - 4, must be reserved in advance -  
easel pads not supplied

## Capacity (with 3 food tables)

Sit down dinner	100
Standing reception	200
Forum/Auditorium	120

## Room Set Up

You and all others involved in the event eg caterer, florist, event planner, ***MUST review your plan for the event at least 72 hours*** in advance of the date with the Health Center. Our staff will set up tables and chairs. See guidelines. Please note we do not have a kitchen in this facility.

## Fees

There is a fee of \$250.00 per 4 hour period for the use of the Great Hall to cover general wear and tear on the facility. In addition, if Codman Square determines that a security detail must be engaged for the event or that the Health Center will incur additional expense to accommodate the event, the applicant will be responsible for payment of these costs, as outlined below, in advance.

**Police Detail** (*when required*)  
**\$102.40 per each 4-block or part thereof**

*Maintenance staff(for events scheduled and approved outside of Health Center hours.)*  
**\$22.00 per person per hour**, including 1 hour set up and 1 hour break down time.

## Accessibility

The Great Hall is handicap accessible

**Phone:** There are no public phones in the 6 Norfolk Street building. Please make arrangements to have access to a cell phone for your function.

## Contact:

Lisa Hamblin @617 822-8329



## Codman Square Health Center FUNCTION ROOM REQUEST FORM

Today's Date: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date (s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_  
(please include 1 hour before and 1 hour after for set up and clean up)

Location Desired (circle one) 6 Norfolk St/ Great Hall or Individual Meeting  
637 Washington Street

### Room Set Up

\_\_\_\_ Rows

\_\_\_\_ Conference

\_\_\_\_ Other (please sketch or attach diagram)

Will Food be Served? \_\_\_\_ Yes \_\_\_\_ No Number of Participants: \_\_\_\_\_

Special Requirements:

\_\_\_\_ TV/VCR \_\_\_\_ Screen \_\_\_\_ Microphone

Other Information: \_\_\_\_\_

**PLEASE FAX BACK TO 617.825.0328. ATTENTION: LISA HAMBLIN**  
**Your room request will be confirmed upon receipt of this form.**

### For Office Use Only:

Date(s) of Event: \_\_\_\_\_ # of People: \_\_\_\_\_ Room Assignment: \_\_\_\_\_

Copy to Building Services: \_\_\_\_\_ Fee: \_\_\_\_\_

The Codman Square Health Center reserves the right to relocate meetings when necessary. We will make every effort to notify you in advance to ensure minimum disruption.