



Please return this completed application to:  
**Codman Square Health Center**  
**Attn: Lisa Hamblin**  
 637 Washington Street Dorchester, MA 02124  
**Email:** lisa.hamblin@codman.org  
**Fax:** 617 825 0328

# BLACK BOX THEATRE USE REQUEST

Please complete and return this application with a copy or sample of any material or items proposed for distribution.  
 Type or print all items clearly in ink.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Organization \_\_\_\_\_

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

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time of Event \_\_\_\_\_ to \_\_\_\_\_

Description of proposed activity (Please enclose a sketch of how the room is to be set up.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate which of the following applies:  
 IRS code 501C3     Mass Chapter 108 non-profit     Unincorporated group     Other

Number of people expected to attend \_\_\_\_\_ Is this intended as a fund-raiser?  Yes  No

I certify that above information is true, complete and correct.  
 I have read and agree to abide by the General Conditions for use of the  
 Black Box Theatre at Codman Square Health (637 Washington Street Dorchester, MA 02124)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Signature of Organization

\_\_\_\_\_  
 Date



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## GENERAL CONDITIONS FOR USE OF THE BLACK BOX THEATRE

1. The proposed meeting/event must contribute to building sense of community. It may be educational, cultural, recreational or social nature. **Political fund-raisers, commercial activities, religious services event that require admission or private group functions are prohibited.**
2. The Black Box Theatre at 637 Washington Street is available only during the hours that the Health Center is open:  
Monday to Friday: 5 PM to 9 PM  
Some Saturdays: 9 AM to 3 PM  
  
The Health Center reserves the right to relocate meetings or events when necessary. We will make every effort to notify you in advance to ensure minimum disruption.
3. 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.
4. **Alcoholic beverages, open flames (except in warming trays), helium-filled balloons, smoking anywhere in the building, and attaching/removing things to/from the walls are prohibited.**
5. The Health Center does not provide food service. The kitchen is for teaching and staff use. Special arrangements must be made for classes which entail kitchen use.
6. You must submit your floor plan and arrange for the Health Center to set up tables and chairs at least 24 hours prior to the event.
7. Payment for use of the Black Box Theatre must be made prior to the event.
8. **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 member or a designated person in your party. The Health Center is committed to confidentiality for patients, clients, and personal safety of all who use the building. For these reasons, access to certain floors and areas of the health center is restricted. For room use on the ground floor of the Health Center, you may use the telephone outside of the security door to call the room where your meeting is being held. The person(s) organizing the meeting can admit you. You must arrange for a representative to accept and sign for all deliveries.
9. **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.

**Please ensure that all involved in planning and executing your meeting/event have read these guidelines.**

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Authorization Signature

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Date

# Black Box Theatre at Codman Square Health Center

Please use diagram to sketch set-up.

