

## CSHC SPACE RENTAL REQUEST

**Desired location** (*select one*): ☐ The Great Hall

☐ Black Box Theatre

☐ Teaching Kitchen

☐ Multi-Purpose Room

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

**Name of host organization** \_\_\_\_\_

**Name of Event** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Date(s) of Event** \_\_\_\_\_

**Time of Event** \_\_\_\_\_ to \_\_\_\_\_

*Please include 1 hour before and after for set up and clean up.*

**Room Set Up**

☐ Rows

☐ Conference

☐ Other (*sketch on the back or attach diagram*)

**Will food be served?**

☐ Yes

☐ No

**Number of Participants** \_\_\_\_\_

**Special requirements**

☐ Screen

☐ Microphone

**Other information** \_\_\_\_\_

**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

**Your room request will be confirmed upon receipt of this form.**

*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.*

### FOR OFFICE USE ONLY

**Date(s) of Event** \_\_\_\_\_ **Number of people** \_\_\_\_\_ **Copy to Building Services** \_\_\_\_\_

## UNIVERSAL RENTAL GUIDELINES - 637 AND 450 WASHINGTON ST.

1. The proposed activity must contribute to building sense of community. It may be educational, cultural, recreational or social nature.  
**Political fund-raisers, commercial activities, religious services, events which require admission or private group functions are prohibited.**
2. 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. Any reference to the location of an event in the Great Hall must specify: **The Great Hall of Codman Square Health Center**. Any reference to the location of an event in the Black Box Theatre, must specify: **The Black Box Theatre at Codman Square Health Center**. However, organizations are prohibited from representing, implying or suggesting through written or other materials or media that 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 meeting spaces at **450 Washington Street** are available only during the following hours: Monday through Thursday, 9am to 8pm, Friday, 9am to 6pm and Saturday, 8am to 12pm.
5. If using **Conference Rooms A**, 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. Other meeting rooms requested (such as the Board Room) must be taken as is with existing floor plan in place.
6. 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.
7. 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.
8. The Health Center does not provide **food service**. **For Teaching Kitchen use:** The kitchen is for teaching and staff use. Special arrangements must be made for classes which entail kitchen use.
9. Catering services, floral arrangements, decorations and entertainment held on the premises must meet Health Center standards. Please detail these plans in your application.
10. 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 approved by the Health Center.
11. 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.
12. Payment for use of the space must be made prior to the event.
13. 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 designee. Health Center staff will not sign for any deliveries. You must arrange for a representative to accept and sign for all deliveries.
14. 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

## THE GREAT HALL FACILITY INFORMATION

### ELECTRICAL SERVICE

**2 dedicated circuits**

1 in front of stage – 1 in rear staging room

**8 outlets on stage**

Two 4-plug outlets

**1 outlet in front of stage**

**8 one side wall (one side only)**

Two 4-plug outlets

**8 on rear wall**

Two 4-plug outlets

### ROOM DIMENSIONS

**Room**

53'8" x 32'5"

**Stage Dimensions**

12'1" x 26'11"

**Stage**

24 ¼" high

### AVAILABILITY

**Weekdays** 5 PM to 9 PM

**Saturday** 9 AM to 2 PM

Other times as an exception with written permission.

### EQUIPMENT & FURNITURE

**Sound system** Microphone only

**Tables** Nine 6' round (seats 8 - maximum 9)  
Eight 6' rectangle (seats 8)

**Chairs** 120

### 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 (e.g: 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 full kitchen in this facility.

### FEES

There is a fee 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 expenses to accommodate the event, the applicant will be responsible for payment of these cost, as outlined below, in advance.

**Rental Rates:**

**Non-profit Rate:** \$250.00

**For-profit Rate:** \$350.00

**Police detail (if required)**

**\$240/per each 4-block** or part thereof

**Maintenance staff**

For events scheduled and approved outside of the Health Center hours:

**\$160 minimum for 4 hours** (to cover opening and closing)  
including 1 hour set-up & 1 hour break-down time

**IT System Support:**

**Average Hourly Rate:** \$27.94

**Overtime Rate (1.5x):** \$42.00 per hour.

### ACCESSIBILITY

The Great Hall is handicap accessible.

### PHONE

There is no public phones in 6 Norfolk Street building. Please make arrangements to have access to a cell phone for your function.

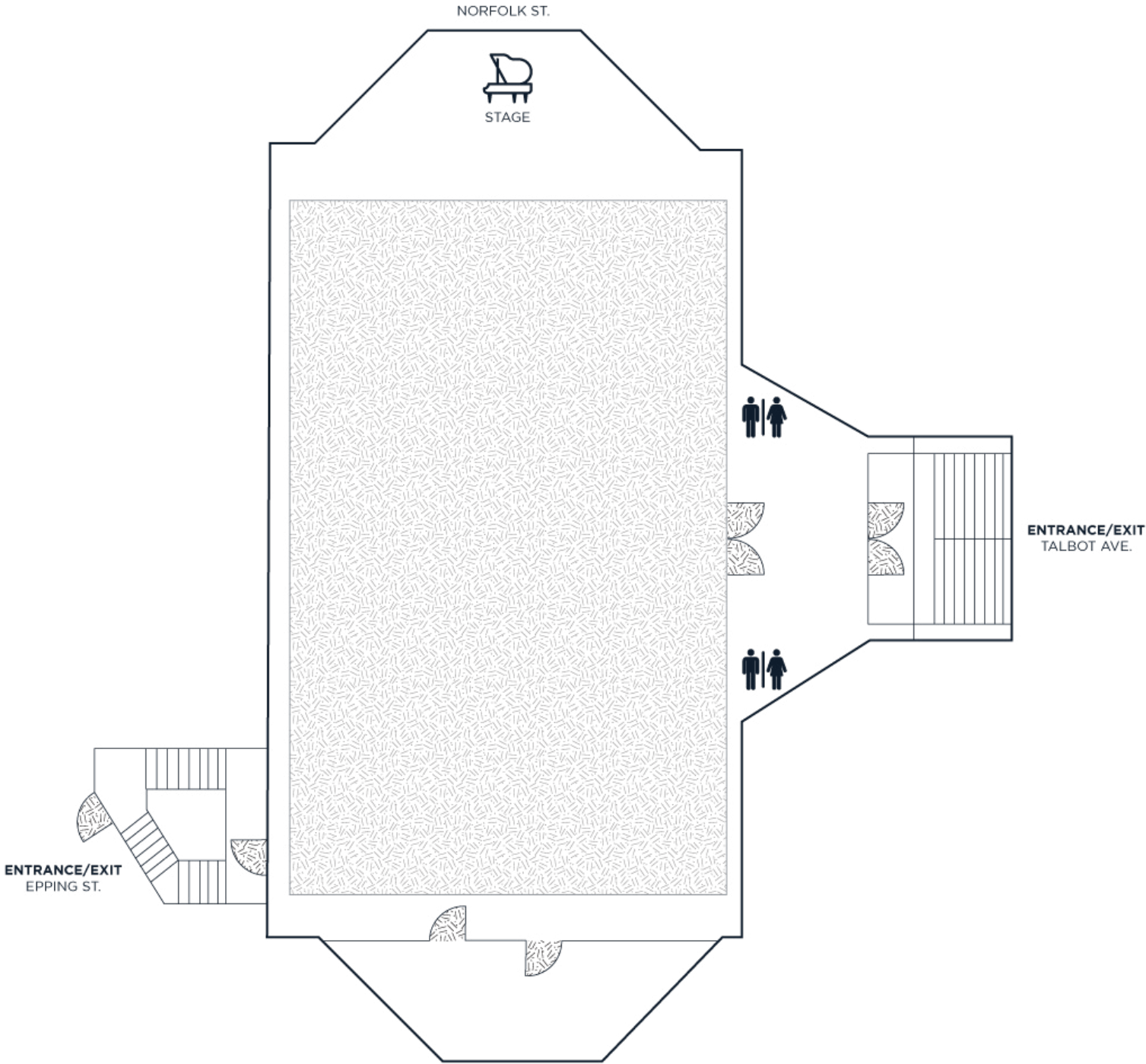
### CONTACT

Krystal Dowe

[krystal.dowe@codman.org](mailto:krystal.dowe@codman.org)

**The Great Hall at Codman Square Health Center**

Please use diagram to sketch set-up.



**Black Box Theatre at Codman Square Health Center**

Please use diagram to sketch set-up.

