



Please complete, sign and return. Thank you.

**TOWN OF STRATFORD BUILDING USE**

Raymond Baldwin Center, 1000 West Broad Street, Stratford, CT 06615-6359 (203) 385-4050

Fax: 203 385-4057 email: dputerski@townofstratford.com

Date of Application \_\_\_\_\_ Date of Use \_\_\_\_\_

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

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

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

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

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

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

Area: Main Hall \_\_\_\_\_ C.A.R.E.S. Room \_\_\_\_\_

All Purpose Room \_\_\_\_\_ Coffee Shop \_\_\_\_\_

Library \_\_\_\_\_ Pool Room \_\_\_\_\_

Time needed: \_\_\_\_\_

Estimated number of people attending \_\_\_\_\_ Is this a fundraiser \_\_\_\_\_

Is admission to be charged \_\_\_\_\_

Describe room format: \_\_\_\_\_

Any special equipment needed: \_\_\_\_\_

I, the undersigned, having read the guidelines for use of the Raymond Baldwin Center and understanding the rules, regulations and schedule of fees, assume responsibility for the above permit.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

-----DO NOT WRITE BELOW THIS LINE-----

Use: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Fire Marshall required \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Policeman required \_\_\_\_\_ Yes \_\_\_\_\_ No

Fee to be charge \_\_\_\_\_ Make check payable to TOWN OF STRATFORD

Any special arrangements \_\_\_\_\_

**NO ALCOHOLIC BEVERAGES OR SMOKING ALLOWED IN BUILDING**

\_\_\_\_\_  
Signature of Supervisor, Baldwin Center