

WILTON CORPORATE PARK

RESERVATION FORM FOR THE EXECUTIVE DINING ROOM AT 40 Danbury Road

Company Name: _____

Date of Use: _____

Hours: _____

Normal hours of operation are from Monday – Friday, 8:00 am to 5:00 pm. After hours use will require the attendance of an after hours person at an additional charge described below.

Contact Person: _____

Contact's Phone Number: _____

Approximate Number of Attendees: _____

Catering required? Yes No

Note: Food and beverage service must be arranged through Sodexo. Please contact the cafe manager, @ 203.969.4738, wilton.catering@sodexo.com, for catering.

Insurance Certificate-required only if you are not a Tenant of Wilton Corporate Park:

A Certificate of Insurance naming Wilton 40/60, LLC, Davis Marcus Partnerst, Inc. and Felner Corp. is required to accompany this form. The insurance requirements are: \$1,000,000 commercial general liability per occurrence and excess liability umbrella form of \$4,000,000 per occurrence.

Charges: Normal business hours: for Tenants of 40 Danbury Road, there is no charge for the use of the room.

For all other Tenants of Wilton Corporate Park there is a charge to use the room.

Charges are as follows: 8:00 am -12:30 pm \$75; 12:30-5:00 pm \$75

Charges for After Hours Use 5:00pm – 9:00pm: \$75/hour

**Please email this filled out form with insurance certificate, if applicable to:
mglazebrook@marcuspartners.com**

**Please include this form along with your remittance, payable to Wilton 40/60 LLC, and send to:
Marcus Partners, 301 Merritt 7, Norwalk, CT 06851**

We hereby request the use of the Executive Dining Room. In consideration for our being permitted to use the Executive Dining Room, the above named company hereby releases Wilton 40/60, LLC, Wilton Corporate Park Assoc., its officers, directors, agents or employees, Davis Marcus Partners Inc. and Felner Corp., from any liability whatsoever whether to our employees and guests or otherwise from any claims, damages or liabilities arising from or out of the use of the Executive Dining Room.

Authorized Signature

Printed Name

Date