



Meeting Room Application

All sections of the application must be answered completely. Answers should be typed in the gray boxes—this form is easily navigated by using the tab key, arrow keys, or clicking on boxes. When you have completed the form, save it to your computer and email, fax, or mail to the Foundation.

Contact Information

Name of Organization:

Is Organization a 501(c)(3) Nonprofit? Yes No

Name of Contact Person:

Address:

City: State: Zip:

Telephone: Ext:

Alt. Telephone: Email:

Number of Guests:

Room and Session Request

Room Options: (1) Combined Rooms (A & B); (2) Room A (Large); (3) Room B (Small)

Session Options: (1) 8am-12pm; (2) 12-4pm; (3) After 4pm

Fee per Session: \$50 (Room A&B); \$35 (Room A); \$25 (Room B)

(Note: No fee is charged if the above is a 501(c)(3) nonprofit organization.)

Date	Room	Start Time	End Time	Total Hours	# of Sessions	Room Fee	Total Fee

Equipment

(Reminder: Your organization is responsible for setting up the room and rearranging the room back to the order it was found in.)

Chairs: Yes No Number of Chairs:

Tables: Yes No Number of Tables:

Use of Kitchen: Yes No

Audiovisual & Meeting Equipment

(Reminder: Foundation Staff has the first opportunity to use the audio equipment. The equipment you request may not be available.)

Please check all that apply:

Overhead Projector	Project Screen
Conferencing Phone	Easel

Additional Information or Instructions regarding the Meeting

If the meeting/event is scheduled to take place before or after office hours, prior arrangements **MUST** be made in advance with the Foundation. By signing this application, you agree and understand that the Community Giving Foundation, its staff, Board of Directors, and affiliates are not responsible for any loss, liability, or damage that may be suffered. Prior to using the facility, this form must be signed and returned via mail or email to the Foundation.

The person signing this form must be over the age of eighteen and be in attendance at the event. As signer and contact, you are responsible for the group's observances of the Meeting Room Policies and Guidelines.

I have received and read a copy of the Community Giving Foundation's Meeting Room Information and Guidelines and agree to abide by them.

Your Signature:

Date:

Foundation Signature:

Date:

This completed application and a copy of the Certificate of Liability Insurance should be mailed or emailed prior to the event.

Kim Groshek, Administrative Assistant • kgroshek@csgiving.org
Community Giving Foundation • 725 West Front Street, Berwick PA 18603
Phone: 570.752.3930 • Fax: 570.752.7435

Foundation Use Only

Date application received: Approved Not Approved Scheduled Confirmed

Date Certificate of Liability Insurance received:

Conference Room: Combined Room A (Large) Room B (Small)

Fee Amounts: Room(s): \$ Copies: \$ Total: \$

Date fee received: Check: # Cash CC

Equipment: Kitchen Projector Screen Phone

Notes:

Staff Initials: