

**ROOM USE APPLICATION FORM
TUSCARORA TOWNSHIP MUNICIPAL BUILDING**

Date of Application _____

Organization _____

Address _____

Name of Contact Person _____ Phone _____

Name of person(s) supervising event (if different than above) _____
This person needs to check in prior to event starting.

PROGRAM INFORMATION

Date(s) of Event _____ Hours _____

All events must conclude by 10:00 p.m. Hourly fee charged if before
or after business hours.

Type of Activity _____

Number of persons attending - Adults _____ Children _____ (must be supervised)
(75) maximum capacity

Will refreshments be served? _____ (group must clean up)

The applicant agrees to return meeting room to a clean and orderly condition at the end of the activity and to pay the cost of repair or replacement of any damage to the facilities or furniture. The Library, Police Department and Township Board are not responsible for damage or loss of materials used or left in the building.

I have read the meeting room guidelines and agree to the stipulated guidelines and conditions of use.

Date _____ Signature _____

Please remit payment to TUSCARORA TOWNSHIP TREASURER.

A copy of this application will be mailed to you as confirmation.

Approved _____ Date _____