

**Central Susquehanna Community Foundation
Meeting Room Application**

Contact Information: Please complete the entire form.

Name of Organization:

Is Organization a 501(c)(3) Nonprofit?

Name of Contact Person:

Address:

City:

State:

Zip:

Telephone:

Ext.:

Alt. Telephone:

Email:

Number of Guests:

Rooms:	Combined Rooms	Room A (Large)	Room B (Small)
Sessions:	Morning (8-12)	Afternoon (12-4)	Evening (after 4)
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.)

Room and Session Request:

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 its original order it was found in.*)

Chairs:

Number of Chairs:

Tables:

Number of Tables:

Use of Kitchen:

Audiovisual & Meeting Equipment: (*Reminder: CSCF 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

Projector 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 CSCF. By signing this application, you agree and understand that the Central Susquehanna Community Foundation (CSCF), its employees, 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 CSCF.

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 Central Susquehanna Community Foundation's Meeting Room Information and Guidelines and agree to abide by them.

Your Signature: _____ Date: _____

CSCF Signature: _____ Date: _____

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

Central Susquehanna Community Foundation
 Hours: Monday – Friday 8:30am – 4:30pm
 725 West Front Street, Berwick, PA 18603
 Phone: 570.752.3930 Fax: 570.752.7435
 Contact: Tricia Missien, Receptionist
tmissien@csgiving.org

Office Use Only:

Date application received: _____

Approved	Not approved	Scheduled	Confirmed
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Date Certificate of Liability Insurance received: _____

<u>Conference room:</u>	Combined	Room A (Large)	Room B (Small)
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<u>Fee amounts:</u>	Room(s): \$ _____	Copies: \$ _____	Total: \$ _____
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<u>Date fee received:</u> _____	Check: # _____	Cash	CC
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<u>Equipment:</u>	Kitchen	Projector	Screen	Conf. phone
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Notes: _____

Staff initials: _____