

Gwynedd Monthly Meeting of the Religious Society of Friends

1101 DeKalb Pike, Gwynedd, PA 19454

Phone: 215-699-3055 Email: office@gwyneddmeeting.org

REQUEST AND AGREEMENT FOR USE OF MEETING FACILITIES

Today's Date: _____

Name (print) _____

Title/Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Mobile Phone: _____

Organization and/or Connection with Society of Friends: _____

Full Description of Activity: _____

Specific Room(s) Needed: _____

Anticipated Number in Attendance _____ (over 100, it is optional to inform Lower Gwynedd Township Police, call Monday thru Friday, 215-646-5303)

Date(s) and Time Period(s) Needed

Event	_____	Visits	_____
Rehearsal	_____	Setup	_____
Deliveries	_____	Pickup	_____

This Section to be Completed by Gwynedd Friends Meeting

Security Deposit: \$100 (omit for GFM members) Contribution: \$ _____ Caretaker's Services: \$ _____
Check(s) made payable to "Gwynedd Friends Meeting" - one for the Security Deposit, if required, one for the Contribution, if required, and one for the Caretaker's Services, if requested, - to be included with signed copies of both this agreement and the *Hold Harmless Agreement*, (omit for GFM members). Also, provide the Certificate of Insurance, if applicable. Send to the above address to the ATTN: Office Manager or place in the OM's mail slot (first slot on the bottom row) located in the Meeting Office.

Approval signature: _____ Date: _____

GMM Contact Person: _____ Phone: _____

Email address: _____ Mobile: _____

Checks Received

1 st Check #	Amount	Date Received
2 nd Check #	Amount	Date Received
3 rd Check #	Amount	Date Received

Date Security Deposit Returned _____ Amount \$ _____ Check # _____

This group and I agree to abide by all the requirements and accept the responsibilities outlined in the *Policy and Procedure for the Use of Gwynedd Friends Meeting Facilities*. If event is cancelled, I will promptly notify the Office Manager, Caretaker (267-735-0241), and House Committee clerk (215-283-7285).

Signature of Responsible Adult: _____ Date: _____