

**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:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**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 contact Lower Gwynedd Township Police if you want assistance with traffic and parking. Call Monday thru Friday, 215-646-5303.

**Date(s) and Time Period(s) Needed**

<b>Event</b>	<b>Visits</b>
<b>Rehearsal</b>	<b>Setup</b>
<b>Deliveries</b>	<b>Pickup</b>

**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, and one for the Contribution, if required. The Caretaker's Services, if requested, are paid directly to him. Checks 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:** \_\_\_\_\_

**GFM Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Checks Received**

<b>1<sup>st</sup> Check #</b> _____	<b>Amount</b> _____	<b>Date Received</b> _____
<b>2<sup>nd</sup> Check #</b> _____	<b>Amount</b> _____	<b>Date Received</b> _____
<b>3<sup>rd</sup> Check #</b> _____	<b>Amount</b> _____	<b>Date Received</b> _____

**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 (215-237-6648), and Hospitality Committee clerk (215-694-9505).**

**Signature of Responsible Adult:** \_\_\_\_\_ **Date:** \_\_\_\_\_