

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: _____

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

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

This Section to be Completed by Gwynedd Friends Meeting

Security Deposit: **\$100** Rental Fee: \$ _____ Caretaker's Services: \$ _____

Check(s) made payable to "Gwynedd Friends Meeting" - one for the Security Deposit and one for the rental fee. The Caretaker's Services are paid directly to him. Checks are to be included with signed copies of both this agreement and the *Hold Harmless Agreement*. 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: _____

		<u>Checks Received</u>	
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 (215-237-6648), and Hospitality Committee clerk (215-694-9505).

Signature of Responsible Adult: _____ Date: _____