

**Reservation Request for Use of CFES Facilities**

Date(s) requested \_\_\_\_\_ Time(s) requested \_\_\_\_\_

Name of Organization \_\_\_\_\_

Mailing address or organization \_\_\_\_\_

Purpose/Mission of organization? \_\_\_\_\_

Describe the purpose and nature of the meeting \_\_\_\_\_

\_\_\_\_\_ Expected attendance \_\_\_\_\_

Will food be served? YES NO If yes, give details \_\_\_\_\_

Is the kitchen facility needed? YES NO

Is the ATV equipment to be used? YES NO

Name/Title of person applying on behalf of group \_\_\_\_\_

Home address of applicant \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

Second Contact Person (required) \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

**Permission to utilize Foundation facilities is granted at the sole discretion of the Community Foundation. All Foundation business will take priority. For CFES Partner Organizations, there is no fee for using the CFES Meeting and/or Conference Room unless food will be provided. A minimum \$25 Fee will be applied when food/beverages are served and a \$100 Fee will be charged when a catered meal is served (include check with this application).**

**A reservation for use of the Meeting and/or Conference Room is complete when:**

- 1) Application form has been received in the CFES office.
- 2) Payment (if necessary) has been received in the CFES office.
- 3) The reservation has been confirmed by CFES prior to reservation date.

**The organization conducting the meeting/program agrees to indemnify and hold harmless CFES against all injury, loss, damage, claim, or liability of any kind, whatsoever, occurring to persons or property and arising out of the NPO's use of CFES facilities.**

**By signing below, the applicant and sponsoring organization certify that they have read and understand the Foundation's Policy and Procedures on the use of the facilities, and assume full responsibility on behalf of the organization. The applicant is required to meet with a CFES staff member the day before the event to participate in a brief walk-through orientation of the facility and to pick up facility keys (if necessary).**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Please Return to:** The Community Foundation of the Eastern Shore  
1324 Belmont Avenue, Suite 401  
Salisbury, MD 21804  
Telephone (410) 742-9911 FAX (410) 742-6638

KEY: \_\_\_\_\_  
APPROVED: \_\_\_\_\_  
DATE: \_\_\_\_\_