

Application 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 access to the kitchen facilities is needed. For use of the kitchen, a minimum \$25 Kitchen Fee will be applied and when catered meals are served, a \$100 Fee will be charged (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

APPROVED: _____
DATE: _____