



# Cumberland Community Foundation, Inc.

308 Green Street • P.O. Box 2345 • Fayetteville, NC 28302  
www.cumberlandcf.org

## APPLICATION FOR USE OF THE COMMUNITY MEETING ROOM

Name of Group / Organization \_\_\_\_\_

Is organization non-profit? \_\_\_\_\_ 501(c) (3)? \_\_\_\_\_

Tax Identification # \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Second Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Type of activity/meeting \_\_\_\_\_

Will you be using the kitchenette? \_\_\_\_\_ If yes, briefly describe activities planned involving the kitchenette \_\_\_\_\_

Expected Attendance \_\_\_\_\_

**The applicant has read and understands the Foundation's Rules and Regulations on the use of the Community Room, and assumes full responsibility on behalf of his/her organization.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**The fee for the use of the community room must be paid at the time the reservation is made. The fee is \$25.00 per hour (\$15.00 per hour if paid 6 months in advance).**

**No refunds will be given.**

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

\_\_\_\_\_  
**Print Name**

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

**Name of Group/Organization**

\_\_\_\_\_

Additional Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

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Email Address \_\_\_\_\_ Fax \_\_\_\_\_

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

\_\_\_\_\_  
**Print Name**

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