



Cumberland Community Foundation, Inc.

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

APPLICATION FOR USE OF THE COMMUNITY ROOM THE FOUNDATION CENTER 310 GREEN STREET, FAYETTEVILLE, NC 28301

Name of Group / Organization _____

Is organization a 501(c) (3)? _____

What is the charitable purpose of your meeting?

Is your organization based in Cumberland County? _____ Tax Identification # _____

Name of person applying on behalf of group _____

Mailing Address _____

Home Telephone _____ Work Telephone _____ Cell Phone _____

Email Address _____ Fax _____

Second Contact Person _____

Mailing Address _____

Home Telephone _____ Work Telephone _____ Cell Phone _____

Email Address _____ Fax _____

Type of activity (Board/Committee/Membership Meeting or Other).

If Other, please describe: _____

Expected Attendance _____

Fees: \$100.00 per hour for occasional use and \$25.00 per hour for multiple reservations booked in one transaction for July 1 – Dec 31 or Jan 1 – June 30 (rate schedule available upon request).

Reservation time includes setup and break down. All fees due at time the reservation is made. Refunds will not be issued.

All meeting notices provided by your organization should state: *“The Community Room is in The Foundation Center located at 310 Green Street. Parking and entrance to The Community Room are at the back of the building.”*

Any organization using The Community Room agrees to hold harmless Cumberland Community Foundation against any and all liability which may be imposed on them for any injury, to persons or property caused by the organization or any persons connected with a meeting.

All organizations are required to carry liability insurance in the amount \$1,000,000 per incident and \$2,000,000 in the aggregate and name Cumberland Community Foundation, Inc. as “additional insured” on the policy.

Cumberland Community Foundation reserves the right to change or cancel reservations at any time.

In the event that Cumberland Community Foundation stops making The Community Room available for use any prepayment for services will be refunded.

The terms and conditions for use of The Community Room may be changed by Cumberland Community Foundation at any time.

On behalf of, _____, I have read, understand and accept the above
Organization

conditions along with the Rules and Regulations for use of The Community Room and assume full responsibility on behalf of the organization.

Signature of President/Authorized Signer Print Name and Title Date

Dates Requested

7/1/16 to 6/30/17

Organization Name: _____ Today's Date: _____

Dates and Times requested: **If requesting the same day of every month, please list the actual dates.** If you need more space feel free to attach another sheet with dates organized by month, date, & time. Our office will contact you about availability.

Month

Date(s)

Time

July 2016 _____

August 2016 _____

September 2016 _____

October 2016 _____

November 2016 _____

December 2016 _____

January 2017 _____

February 2017 _____

March 2017 _____

April 2017 _____

May 2017 _____

June 2017 _____

As of 6-6-16