Name of SCNN Member Applicant/Sponsor (must be present during event): Click here to enter text.

Telephone Number of Applicant: Click here to enter text.

Email Address of Applicant: Click here to enter text.

Event Date: Click here to enter text.

Start Time: Click here to enter text. End Time: Click here to enter text.

*(Please include set-up and clean-up time in start and end times)*

 Requesting use of space on behalf (organization): Click here to enter text.

 Nature of Use (meeting, social, event): Click here to enter text.

 Anticipated Attendance: Click here to enter text.

**Equipment Requested** (yes or no)

 Kitchen Use: Click here to enter text.

 Projector: Click here to enter text.

 Microphone & Stand: Click here to enter text.

Rental Fee: Click here to enter text. Check# Click here to enter text.

*Make check payable to SCNN / call 757-697-3129 to pay by credit card*

**Understanding of Agreement:**

*Cancellations must be made at least 14 days prior to meeting time for a refund. Failure to cancel may result in loss of use privileges. As the member applicant, I understand that I must be present for the entirety of the event. Furthermore, I agree to the following: to replace all furnishings (i.e. tables, chairs, easels, trash cans, etc.) to the pre-meeting arrangement; if food and/or refreshments are used, to clean the tables, countertops, microwave, coffee pot and sink; and if spills occur and the carpet is soiled, I understand that I am responsible for cleaning the carpet; or the cost to clean the carpet. The undersigned hereby agrees, on behalf of themself, any sponsored organization and all attendees/guests, to all terms specified and implied and to hold harmless Sister Cities of Newport News, Inc. (SCNN) and all its members, officers, directors, agents, volunteers, successors and assigns.*

*Signature of Member Applicant:*

*Date Signed: Click here to enter text.*

**Submit completed application to:** **info@sistercities-nn.com**

**Questions? Call 757-697-3129**

OFFICE USE ONLY:

Date Received: Fee Received: Approved: □YES □NO

By: On Site Volunteer :