Member Use Agreement

SCNN Member Applicant(or Sponsor): ________________________________

Phone Number of Applicant: ________________________________

Email Address of Applicant: ________________________________

Requesting use of space on behalf (organization): ________________________________

Nature of Use (meeting, social, event): ________________________________

Anticipated Attendance: ________________________________

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

Start Time: ___________  End Time: ___________

☐ Single Use  Date: ________________________________

☐ Requesting Use on a recurring monthly basis. ________________________________ of every month

Beginning Date: ________________________________  Ending Date: ________________________________

Equipment Requested

☐ Kitchen Use

☐ Projector

☐ Microphone/Stand

☐ Rental Fee Submitted: ________________________________  Check# ________________________________

Make check payable to SCNN / For an invoice or to pay by credit card call 757-697-3129

For rates, see Information Sheet. NOTE: Rules & rates subject to change prior to confirmation of this agreement.

Understanding of Agreement:

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 and vacuum if needed. If food and/or refreshments are used, I agree to clean the tables, countertops, microwave, coffee pot and sink. I further understand that if spills occur and the carpet is soiled, I am responsible for cleaning the carpet or paying the cost to clean the carpet. For any uses other than a meeting, proof of insurance is required. 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. Cancellations must be made at least 14 days prior to meeting date for a refund.

Signature of Member Applicant: ________________________________

Date Signed: ________________________________

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

Questions? Call 757-697-3129

PLEASE: Do not send invitations for your event until your reservation has been confirmed.

OFFICE USE ONLY:

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

Approved By: ________________________________  Confirmed with ________________________________ on ________________________________

On Site Volunteer Assigned if any: ________________________________