



CITYSPACE

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 Assignend if any : _____