

**MOUNT LAUREL MEETING FACILITY
CONTRACT FOR MEETING ROOM USE**

Name of Group

Mount Laurel Non-profit Organization (required) Yes/No
Total membership # _____ % of mount Laurel Residents _____
(Membership roster with addresses must be supplied)

Number of Members Attending

Date of Meeting (s) _____

Starting/Ending Time

Tables Yes/No Dry Erase Board Yes/No Lectern w/ Sound System _____

✓ **As a representative of the above-named group, I have read all the meeting room policies and will be responsible for all meeting attendees abiding by them.**

✓ **I understand that any violation of these policies could result in cancellation of this contract and denial of any future meeting room use.**

✓

I further understand that I am responsible for the cleaning of the room after the meeting(s) and for the ensuring that all lights will be turned out.

Contact person for Group

Name (print) _____ Title _____

Address _____

Telephone (daytime) _____ Email _____

Additional Group Contacts

Name _____ Phone _____

Name _____ Phone _____

Room Assigned #1 #2 #3 #4 Deposit: Received/Carried Over

Approved by Meeting Center Director _____

Approved by Parks and Recreation Director _____