Newington Community Association

MEETING ROOM APPLICATION

Name of Applicant or Representative: _____
Phone: _____
Address: (Street) _____
(City, State, Zip) _____
Name of Organization Represented (if applicable): _____
Title/Subject/Purpose of Activity: _____
Number of Attendees: (Max is ____.) _____

Requested Date and Time of Activity: Date From To
First Choice: _____
Second Choice: _____
Activity Start Time (if different): _____

Describe below or on a separate sheet of paper the particulars of the use.

_____
_____
_____

Is the activity, or any part thereof, a fundraiser?
_____ Yes _____ No If Yes, describe: _____

Permission granted for use of this room by any organization or individual may be revoked, canceled, postponed, or rescheduled. I accept liability and hereby agree to indemnify and hold harmless the Newington Community Association, Virginia, its officers, agents and all employees and volunteers, from any and all claims for bodily injury, personal injury and/or property damage in connection with the use of the room and/or grounds. I accept responsibility for control of the reserved area until the activity is completed. I accept responsibility for complying with all Americans with Disabilities Act (ADA) requirements. I recognize that it is my responsibility to supply ADA required assistance for this event. I have received a copy of, read and agree to comply with the requirements for use of the NCA Meeting Room. I understand that I may have to reapply if any changes are made to this application.

_____ APPROVED _____
Applicant's Signature & Date NCA Rep. Signature & Date

Send application to NCA Manager's Office accompanied by the damage deposit ($50).

9/6/06