Macungie Institute Application for Use of Facilities

Section I

Date of Application _____

Organization_____

Requester Name_____ Phone No._____

Address:_____

Section II

Event Type/Title_____

Date of Event(s)_____

Start Time of Event_____ End Time of Event_____

Room(s) Requested ❒ Auditorium ❒ Suite 104 (Classroom) ❒ Suite 103 (Multi-Purpose Room)

Room Set-up Required ❒ No ❒ Yes (please describe)_____

_____

Audio-visual Needs ❒ No ❒ Yes

Circle items needed) TV/VCR Overhead Projector Screen PA System Podium

Food/Service Needs ❒ No ❒ Yes (please describe)_____

_____

In consideration of usage of the Macungie Institute, the undersigned, a duly authorized officer or representative of the User, acknowledges that he/she has read and understands the TERMS AND CONDITIONS FOR USE OF FACILITIES, and hereby agrees to be bound by the conditions set forth herein. USER AGREES TO PAY FOR COSTS OF DAMAGES AND TO INDEMNIFY AND HOLD HARMLESS THE BOROUGH OF MACUNGIE.

_____ _____ _____

User Signature Printed Name Title

_____ ❒

User Insurance Company

Check (√) here when attaching proof of insurance coverage naming the Borough of Macungie *as a certificate holder and additional insured.*

Section III (Office Use Only)

Room(s) Assigned_____

Room Fees_____ Security Deposit_____ Total Fees_____

Authorized Signature_____

Mail the completed application and insurance certificate to:
Building Coordinator, Macungie Institute, 510 E. Main Street, Macungie, PA, 18062