

Application: Requests for the use of a Meeting Room must be made by completing the below application and submitted to the Meeting Room Coordinator via email Irusso@moorestown.nj.us for approval not less than ten days prior to the anticipated meeting date. Questionable applications will be referred by the Meeting Room Coordinator to the Township Manager for interpretation or exception as the occasion arises.

Requestor Name: _____ Telephone: _____
 Organization Name: _____ Telephone: _____
 Organization Address: _____
 Contact email: _____ Alternate email: _____
 Please explain what the organization plans to use the meeting room for: _____

Meeting Room Requested	Date(s)	Time Begin	Time End	Total Price for Room Rental
Meeting Room A (Seats 80) Price/First 2 Hours \$80.00 Each Additional Hour or part thereof \$40.00				
Meeting Room B (Seats 40) Price/First 2 Hours \$50.00 Each Additional Hour or part thereof \$25.00				
Meeting Rooms A & B (Seats 120) Price/First 2 Hours \$150.00 Each Additional Hour or part thereof \$ 75.00				
Donut Room (Seats 20) Unavailable				
Council Chambers (Seats 130) Unavailable				

I certify that I have read the above policy and that my organization meets the requirements and will comply with the terms of said policy, rules and regulations.

_____ Signature _____ Date

Indemnity Clause (Hold Harmless Agreement)

To the fullest extent permitted by law, _____ (name of Group) agrees to defend, pay on behalf of, indemnify and hold harmless the Township of Moorestown, its elected and appointed officials, its agents, employees, volunteers and others working on behalf of the Township of Moorestown against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Township of Moorestown, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Township of property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

By: _____
Authorized Representative for the Group

For the Township

Sworn to, before me this ____ day of _____ 20____.

Sworn to, before me this ____ day of _____ 20____.

Notary

Notary

Township Checklist:

- | | | |
|---|--------------------------|-----------------------|
| 1. Application Received & Signed | <input type="checkbox"/> | Date Rec'd. _____ |
| 2. Hold Harmless Agreement Signed & Notarized | <input type="checkbox"/> | Date Rec'd. _____ |
| 3. Certificate of Insurance | <input type="checkbox"/> | Expiration Date _____ |
| 4. Payment Received | <input type="checkbox"/> | Date Rec'd. _____ |

Request for Reduction in Rental Fee by Applicant:

Email request to and state your reasons for reduction: lrusso@moorestown.nj.us

TOWNSHIP TO COMPLETE:

Justification for reducing fee: _____

Authorized Signature: _____ Date: _____ Fee \$ _____