

DEPTFORD TOWNSHIP MEETING ROOM APPLICATION



APPLICANT INFORMATION		
Name		
Address		
City, State, Zip		
Phone (H)	Phone (W)	Phone (C)
Organization Name		
Program Title		
Date(s) Requested	Time(s) Requested	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	

NOTE - No food or beverages are permitted in the meeting rooms. Each group must clean up after use of meeting rooms, and return the tables and chairs to original placement.

INDEMNITY AND HOLD HARMLESS AGREEMENT

I agree to indemnify and hold harmless the Township of Deptford, their Agents and Employees from and against all claims, damages, losses and expenses including reasonable attorney's fees rising out of the use of the meeting room within Deptford Township. Including any claims such as bodily injury, illness, death or property damage.

Signature _____ **Date** _____

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The applicant and organization listed on this application have been approved for using the meeting room on the specific dates.

Township Clerk _____ **Date** _____