

WOODHAVEN

Community Room Application

Adopted: December 15, 2016 ~ Revised February 19, 2020

- Application Date _____
-
- Event Contact Person _____
- Address _____
- Telephone _____
- Email address _____

- Group's Name _____
- Date of Meeting/Event _____
- Hours (include set up and clean up) _____
- Number of people expected _____
-
- Name & Type of meeting/event _____
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I have read and agree to comply with the Woodhaven Community Room Policy and follow the Regulations and Procedures. I understand that I must adhere to the Room Usage Check List. I understand that neither the Sherborn Elder Housing Committee nor the Town of Sherborn shall be responsible for injury to persons or property that occur while the Community Room is being used.

Signature of Contact Person

Date