

EASTON.

COMMUNITY FOUNDATION

EASTON COMMUNITY ROOM APPLICATION

Date of Application: _____ Number of Attendees _____

Name of Group/Tenant: _____

Contact Name: _____

Street Address: _____

City, State and Zip: _____

Phone Number(s): _____ Email Address: _____

501(C)3 Status: Yes ____ (please attach proof of status) No ____

Please give a brief description of your organization or attach informational piece:

Requested Date(s): __/__/__ - __/__/__ Time(s): _____

Requested Date(s): __/__/__ - __/__/__ Time(s): _____

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Requested Date(s): __/__/__ - __/__/__ Time(s): _____

Requested Date(s): __/__/__ - __/__/__ Time(s): _____

Contact's Signature: _____

Please return the completed application to the Easton Management Office or
Email: CommunityRoom@steiner.com