



## 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 pieces:

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Requested Date(s): \_\_\_\_ - \_\_\_\_

Time(s): \_\_\_\_\_

Requested Date(s): \_\_\_\_ - \_\_\_\_

Time(s): \_\_\_\_\_

Requested Date(s): \_\_\_\_ - \_\_\_\_

Time(s): \_\_\_\_\_

Requested Date(s): \_\_\_\_ - \_\_\_\_

Time(s): \_\_\_\_\_

Requested Date(s): \_\_\_\_ - \_\_\_\_

Time(s): \_\_\_\_\_

Contact's Signature: \_\_\_\_\_

Please return the completed application to [CommunityRoom@steiner.com](mailto:CommunityRoom@steiner.com)