

**Guest Organization
Room Usage Agreement**

I have read and agree to comply with the policies and regulations for use of the Cornerstone Community Room and agree that an authorized representative of my organization will oversee adherence to these policies. I understand that I am responsible for any damage caused during my organization's use of the facility.

Date

Organization Name

Address

Telephone

E-mail Address

Signature of Responsible Party

Responsible Party Full Name (please print)

***Required Attachment: Proof of Nonprofit Status (IRS Notification Letter)**