

Community Room Application

McLean Governmental Center

1437 Balls Hills Road, McLean VA 22101

FAX 703-821-4275

Date(s) of Meeting: Jan ___ Feb ___ March ___ April ___ May ___ June ___

July ___ Aug ___ Sept ___ Oct ___ Nov ___ Dec ___

Year: _____

Time: _____ AM/PM to _____ AM/PM

Nature of Meeting: _____

Number of People Expected: _____

Group/Organization: _____

Contact Person: _____

Address: _____

Daytime Phone: _____ Evening/Weekend Phone: _____

Contract

I am an authorized representative of the organization named above, a Fairfax County non-profit group-organization. I have read and agree to comply with the rules and regulations for the use of the County meeting room. I accept responsibility for any damage to County property and will report such damage to the staff of the facility concerned. I will be responsible for returning the room to the same condition in which it was found.

Signature: _____ Date: _____

Office Use Only

Date(s) Confirmed: _____

Date(s) Denied & Reason: _____

Approved by: _____ Date: _____