## **COUNTY OF FAIRFAX**

## Mount Vernon Community Room – Mount Vernon Governmental Center COMMUNITY ROOM USE APPLICATION

	Office Use Only				
Date Received: Date Entered:		Approval:			
Room(s) Reserved: 1 2	3	Confirmed:	YES	NO	
PLEASE PRINT OR TYPE	Today's Date	:			
Requested Date(s) and Time of Activity					
	Month/Day/Year	Begin		End	
	Month/Day/Year	Begin		End	
Name of Applicant or Representative:					
Address:					
	Street/City/State/	Zip			
Home Phone:	F	FAX:			
Work Phone:	* Cell Ph	none:			
Email:					
*Do not provide <i>only</i> a Governmental cimmediate contact number is necessary	•	event of questions r	egarding	your event, ar	
Name of Organization:					
Title/Subject/Purpose of Activity:					
Number of Individuals Participating in	this Activity:	_			
Category of Activity (check applicable	box):				
☐ Governmental	☐ County-Based Nonpro	ofit 🗆 🔾	County R	esident	

Describe below, or on a separate sheet of pa	aper, the parti	culars of the use.	
Will refreshments be served? <i>Only light re</i>	efreshments s	uch as bottled water No	r, coffee, tea are allowed.
If <b>yes</b> , describe:			
NOTE: You must bag <b>and remove</b> trash, a adjacent to the community room and in the asked to leave immediately. Activities may permission. Make sure room is clean and li revoke your privilege to use of the room in	police station y not be conduights are off v	<ul> <li>Excessive noise n</li> <li>acted in the hallway</li> </ul>	nay result in your group being or lobby without express prior
Permission granted for use of any portion of Governmental Center by any organization of		· ·	•
<b>NOT PERMITTED AT THIS FACILIT</b> performed by a Celebrant), wedding recept music of any kind.			-
Reservations are NOT confirmed confirmation that your application	_	_	
I accept liability and hereby agree to indem agents and all employees and volunteers, fr property damage in connection with the use immediately. I accept responsibility for corresponsibility for complying with all American my responsibility to supply ADA require to comply with the requirements for use of conditions noted below. I understand that I	om any and a e of the facilit ntrol of the re icans with Dis d assistance f the Mount Ve	Il claims for bodily ies and/or grounds. served area until the sabilities Act (ADA or this event. I have ernon District Governor	injury, personal injury and/or Property damage is to be reported activity is completed. I accept requirements. I recognize that it received a copy of, read, and agree remental Center and any special
Printed Name			Signature
Submit Application:			

**Deliver:** 

Mail slot in door after-hours

**Email:** Donna.Slaymaker@FairfaxCounty.gov Mount Vernon Governmental Center Mail:

Attn: Meeting Room Scheduler Fax: 703-780-1491

2511 Parkers Lane

Alexandria, VA 22306-3273