



APPLICATION FOR ROOM USE

All meetings and/or functions must be over by **10:00 pm**

NAME OF GROUP: _____

NAME OF GROUP REPRESENTATIVE: _____

WE DESIRE USE OF: _____ 1st Floor Training Room _____ Lower Level Community Room

FOR A SPECIFIC DATE: _____
(i.e. Thursday, July 31, 2008)

OR ON A REGULAR BASIS THROUGHOUT YEAR:
(i.e. 3rd Thursday of each month, list dates below to corresponding months)

SEPT: _____ OCT: _____ NOV: _____ DEC: _____ 20_____

JAN: _____ FEB: _____ MAR: _____ APR: _____

MAY: _____ JUN: _____ JUL: _____ AUG: _____ 20_____

TIME: from: _____ to: _____

DESCRIPTION OF ACTIVITIES OR TYPE OF GROUP: _____

WE AGREE not to charge admission, sell or collect monies from the general public. (This does not include private dues or non-profit fundraising.)

WE AGREE to notify the State Bank of New Prague in advance if scheduled activity at the bank has been cancelled, so that another group will be able to use said facilities. Failure to do so could penalize our group from further use of State Bank of New Prague.

WE FURTHER AGREE to supervise carefully the activities and the facility and to be responsible to State Bank of New Prague for any damage that might occur to the facility or property, due to such use, and adhere to the rules and regulations of State Bank of New Prague. We agree to pay any incurred charges that may occur in regards to damages to the property. We also agree to relieve State Bank of New Prague from all liability and/or responsibility for any injury, damage or loss to any person participating in or attending the function, and to indemnify and hold the State Bank of New Prague harmless from such consequences.

SIGNATURE OF GROUP REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ DATE: _____

OFFICE: _____ DATE: _____