TOWN CENTER CORTE MADERA COMMUNITY ROOM

APPLICATION FOR TEMPORARY USE

Today's Date:				
Amounts Enclosed: \$ FEE \$	CLEANING FEE (\$25)			
Organization Name:				
Contact Person:	Title:			
Address:		Zip: _		
Phone #:	Non-Profit:	Yes	No	
Exact nature of meeting:				
Requested <u>Date(s)</u> of use:				
Equipment you will bring:				
I have read, understand, and agree on behalf of	·			
to comply with the Town Center Community Ro	oom "Conditions of Use"	and "Rules	and Regulat	ions".
Signature of Authorized Agent				
* MAIL <u>FEES (check or money order</u>) to our man your RSVP request date. Checks should be mad		•		<mark>of</mark>
100 Corte M	PAIS DRIVE, INC. adera Town Center dera, CA 94925			
* * * * * * * OFFICE USE ONLY	* * *	* *	*	*
Approved by:	Date:			
Fees Received:	Security Deposit: Y	es N	0	

* RETURN COMPETE FORM TO TCCMcommunityroom@colliers.com *