

# Application for Room Use at the Codman Square Health Center

**Instructions:** Please complete and return this application with a copy or sample of any material or item proposed for distribution. Type or print all items clearly in ink.

**Name of Applicant:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

Telephone# \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail # \_\_\_\_\_

Please indicate which of the following applies:

IRS code 501C3  Mass Chapter 180 non-profit  unincorporated group  other

if applicant represents an organization, a letter authorizing the applicant to represent the organization must be filed with this form

Name of Person(s) who will have supervision of /responsibility for the proposed activity:

Description of proposed activity: Please enclose a sketch of how room is to be set up.

\_\_\_\_\_

\_\_\_\_\_

Date(s) requested: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

# of persons expected to attend: Is this intended as a fund-raiser? \_\_\_\_\_

I certify that the above information is true, complete and correct and that I have read and agree to abide by the General Conditions for use of CSHC meeting rooms@:

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed application to Lisa Hamblin, Codman Square Health Center at 637 Washington Street, Dorchester, MA 02124, via fax at 617 825-0328 or email [lisa.hamblin@codman.org](mailto:lisa.hamblin@codman.org)