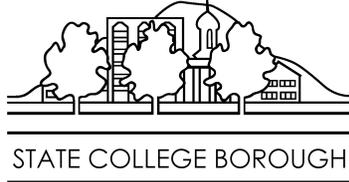


Borough of State College
243 South Allen Street
State College, PA 16801
Phone: (814) 234-7110
Fax: (814) 231-3082
Website: www.statecollegepa.us



OFFICE USE ONLY	
Date Rec'd:	_____
Entered in System:	_____
Applicant Notified:	_____
Required Fee:	_____
Payment Rec'd:	_____
Room Scheduled:	_____

APPLICATION FOR THE USE OF BOROUGH FACILITIES

The undersigned hereby makes application for the use of State College Borough facilities:

Applicant's Name: _____

Organization (if applicable): _____

Billing Address: _____

Phone Number: _____ Email: _____

Date Requested: _____ From: _____ a.m. p.m. To: _____ a.m. p.m.

Room Requested: _____ Number Attending (approx.): _____

*By default, your event will be listed on our lobby display. If you **DO NOT** want it listed, please check this box:*

Setup if requesting the Community Room (Room 201): _____

Please note that parking is not permitted on-site. Please use one of the municipal parking garages (Beaver Avenue, Pugh or Fraser Street) or one of the metered parking lots (Allen Street or Beaver Avenue).

No supplies will be offered or copies made. All supplies or equipment should be brought with you. If you should need assistance during your meeting, please go to Room 324, Administration.

No rearranging of furniture allowed. Please do not rearrange furniture. You must also leave the room in the same condition as when you arrived. If clean up is necessary, you will be billed our custodial rate.

Organization Category: (check one – See Facility Policy for definitions)

- | | |
|-------------------------------------|--------------------------|
| 1. Municipal Purpose | 4. Community-based Group |
| 2. Borough Neighborhood Association | 5. Non-Municipal Group |
| 3. Social Service Agencies | 6. For-a-fee Event |

I have received and understand the Borough of State College Facility Use Policy and Regulations as it pertains to the use of Borough facilities and accept responsibility for meeting the requirements stated herein. I, the undersigned representative acting on behalf of the organization, hereby release the Borough of State College, its successors and assigns, from liability for any damage or injury to any person or thing pursuant to the grant of permission by the Borough to use such premises.

Signature: _____ Date: _____

(Only physical and digitally verified signatures are accepted.)

You may save and submit this form to boro@statecollegepa.us as an attachment, fax to (814) 231-3082, or deliver to 243 South Allen Street, Room 324.