

# Marion E. Sally Resident Center

23 Clyde Potts Drive Morristown, New Jersey 07960 [www.morristownha.org](http://www.morristownha.org/) Phone:973-310-6722

# REQUEST FOR COMMON SPACE ROOM USAGE

Name of Community Member: Date of Request: Address:

Telephone Number: E-Mail Address:

Select Common Space:

Lobby Area

Computer RM

Dance Studio

Date of Event: Time of Event:

# of Hours (Including 1 Hour Prep and Clean-Up) Fee $

Purpose of Event:

Approx. # of Attendees: \_

I hereby agree to abide by the following terms for the use of the Community Room

* Request must be submitted No later than the 15th prior to the month of the event via email
* Alcoholic beverages and smoking are prohibited
* Zero tolerance for verbal and/or physical altercations
* Excessive noise is prohibited
* Solicitations of any kind is prohibited
* All surfaces must be cleaned after usage
* Garbage must be properly disposed in the trash cans
* MHA is not responsible for lost or stolen items
* Property parking rules must be followed during event

Community Members are responsible for any damages made in the areas used during event.

# Community Members Signature



Approve Disapprove (enter reason for disapproval or any other relevant information)

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MHA Staff (Print) Signature Date

5/27/2022



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**REQUEST FOR COMMON SPACE ROOM USAGE**

Name of Provider: Date of Request:

Address:

Telephone Number: E-Mail Address:

Select Common Space:

Lobby Area

Computer RM

Dance Studio

Date of Event: Time of Event:

# of Hours (Including 1 Hour Prep and 1 Hour Clean-Up) Fee $

Purpose of Event: Approx. # of Attendees: \_ I hereby agree to abide by the following terms for the use of the Community Room:

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* Excessive noise is prohibited
* Solicitations of any kind is prohibited
* All surfaces must be cleaned after usage
* Garbage must be properly disposed in the trash cans
* MHA is not responsible for lost or stolen items
* Property parking rules must be followed during event

Provider is responsible for any damages made in the areas used during event.

**Provider Signature**



Approve Disapprove (enter reason for disapproval or any other relevant information)

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MHA Staff (Print) Signature Date

5/27/2022