

NON PROFIT APPLICATION

MARION GERRISH COMMUNITY CENTER (MGCC)

39 W. BROADWAY, DERRY, NH 03038

TEL. 603-434-8866 FAX 603-432-5760 EMAIL: MGCC.DERRY@GMAIL.COM WWW.MGCCDERRYNH.ORG

SEPTEMBER 2019 THROUGH AUGUST 2020

The MGCC does not receive funding from the town of Derry.

Support comes from the generous donations of groups like yours and our thrift shop.

WE NEED YOUR DONATIONS!!!

Name of Group: _____

Purpose/Mission of group: _____

EIN number (if have one): _____

How many people are in your group? _____

When do you wish to use our facilities? (i.e. Mondays, every third Thursday, etc...)

Please use the backside of this form and LIST ALL DATES if you are meeting more than once.

Time: _____ Day: _____ Frequency: _____

Date group plans to start _____ Date group plans to stop _____

Any times that you DO NOT meet (i.e. summer, vacations, snow days) _____

Room preference(s): _____

We DO NOT guarantee any specific room reservations, but will try to accommodate room requests.

We do not allow ANY tobacco products NOR alcohol on our premises. _____ Initial

The Center may cancel your reservation due to weather or emergency. _____ Initial
(We will announce on WMUR, News 9 if the Center is closed)

The Center requires a current certificate of liability insurance. _____ Initial

The use of open flame is prohibited in our building. _____ Initial

By signing, you agree to hold the MCGG harmless (see separate "Rules" sheet) _____ Initial

Planned Donation \$ _____ weekly monthly quarterly yearly

Please give as generously as you can, the MGCC is a 501C3 and we rely on your donations!

Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Phone number: _____ E-Mail: _____

Alternate phone numbers: _____

If contact information changes, it is group's responsibility to notify the MGCC

I (we) have read and understand the MGCC rules (enclosed) and agree to abide by them.

Signature of contact person _____

Office use only: Certificate of Liability on file; expiration date _____