

NON-PROFIT APPLICATION

MARION GERRISH COMMUNITY CENTER (MGCC)

39 W. BROADWAY, DERRY, NH 03038

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SEPTEMBER 2021 THROUGH AUGUST 2022

The Marion Gerrish Community Center is a nonprofit, 501C3 organization.

Support comes from the generous donations of groups like yours and our Thrift Shop.

Please carefully read all enclosed information

Name of Group: _____

Purpose/Mission of meeting: _____

If the purpose/mission of your meetings changes from the original purpose listed above, the center must be notified.

EIN number (if have one): _____

Appx. how many people will be at your meetings? _____

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

Use the backside of this form and LIST ALL OF YOUR DATES if you are meeting more than once.

Please list the time your meeting actually begins so that our schedule board time is correct

meeting **start** time: _____ meeting **end** time: (include time to clean room) _____

Day of week / Date: _____ 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, COVID19 or other. _____ Initial
(We will announce on WMUR, News 9 if the Center is closed)

The Center requires a current certificate of liability insurance (if avail) _____ Initial

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

By signing, you agree for your entire group, to hold the MCGG harmless. _____ Initial

By signing, you agree to inform your members of our rules (see separate "Rules" pg.) _____ Initial

Planned Donation \$ _____ weekly monthly quarterly yearly

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

Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Phone number: _____ E-Mail: _____

Alternate phone numbers: _____

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

I (we) have read and understand the MGCC rules (enclosed) and agree to abide by them. In addition, all members of our group agree to hold the MGCC harmless.

Signature of contact person _____