



# NEWTOWN TOWNSHIP ROOM RENTAL APPLICATION

Member/Resident  Non- Resident  Township Business  Non-Township Business

### APPLICANT'S CONTACT INFORMATION (Please print)

NAME OF ORGANIZATION: \_\_\_\_\_

For-Profit Status \_\_\_\_\_

Non-Profit Status \_\_\_\_\_

Name of Responsible Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Date(s) Requested:

Preferred Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

(2 hour Minimum)

Will the meeting be open to the general public? \_\_\_\_\_

Approximate number of persons attending the meeting: \_\_\_\_\_

### Equipment Needed

- If you plan to advertise, please enclose the sample advertisement.
- If you plan to distribute literature, please enclose samples.
- Certificate of Liability Insurance required, naming Newtown Township as an additional insured.
- Room rental rate: \$25.00/hour with a minimum of 2 hours. Security Deposit of \$500.00 is due at least 2 weeks (14 days) prior the meeting date.
- Please indicate your room layout requirements
  - Chairs only
    - # of chairs: \_\_\_\_\_
    - # of total participants: \_\_\_\_\_
  - Table and chairs
    - # of tables: \_\_\_\_\_
    - # of total participants: \_\_\_\_\_

**Rooms Available to Rent:**

Community Room – 1<sup>st</sup> Floor (Capacity 103 people-chairs only) \_\_\_\_\_

Large Meeting Room – 1<sup>st</sup> Floor (Capacity 177 people-chairs only) \_\_\_\_\_

Combination Community Room & Large Meeting Room – 1<sup>st</sup> Floor  
(Capacity 280 people-chairs only) \_\_\_\_\_

Conference Room – 2<sup>nd</sup> Floor (Capacity 14 people) \_\_\_\_\_

Conference Room – 1<sup>st</sup> Floor (Capacity 16 people) \_\_\_\_\_

The undersigned has read the Newtown Township Conference Room and Equipment Rental Policy and agrees to abide by the conditions. Payment for the Meeting Room rental is due when the room is scheduled and approved.

The undersigned agrees to Indemnity and Hold Harmless Newtown Township, its subsidiaries and assignees, Boards, Commissions, Committees, and employees from and against all claims, damages, losses, and expenses including reasonable attorney fees, arising out of the use of the conference room(s) with the Township of Newtown, including claims as to bodily injury, illness, death, or property damage.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\*Email the completed application to [roomrental@newtowntownship.org](mailto:roomrental@newtowntownship.org) or via US mail to:**

**Newtown Township  
209 Bishop Hollow Road  
Newtown Square, PA. 19073  
610-356-0200**

**For Township use only:**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Rental Confirmed Date: \_\_\_\_\_

Rental Payment due: \_\_\_\_\_ Amount/Paid on: \_\_\_\_\_

Security Deposit due: \_\_\_\_\_ Paid on: \_\_\_\_\_

Room Setup Confirmed \_\_\_\_\_