



TUSCARORA TOWNSHIP MUNICIPAL BUILDING

CONFERENCE ROOM RENTAL

APPLICATION FORM

Date of Application: _____ Date of Event: _____

Name and/or Organization: _____

Address: _____

Name of Contact Person: _____ Phone: _____

Name of person(s) supervising the event if different from above: _____

(this person needs to check in prior to event starting)

Event Information:

Name of Program/Event: _____

Hours of Event: _____ Type of Activity: _____

Number of persons attending: Adults: _____ Children: _____ (must be supervised)
(75 maximum capacity)

Will refreshments be served? _____ Does the kitchen need to be used? _____

**** Please Read:** The applicant agrees to return the Conference Room to a clean and orderly condition at the end of the event, including replacing the tables and chairs to the original layout (diagram attached). Tuscarora Township reserves the right to charge a \$50.00 “re-set fee” upon failure to do so. The applicant also agrees to pay the cost of repair or replacement of any damage to the facilities or furniture. The Library, Police Department and the Township Board are not responsible for damage or loss of materials used or left in the building during the event.

**** I have read the “Room Rental Guidelines” and agree to the stipulated guidelines therein and the conditions of use as listed above.**

Signature: _____ Date: _____

Room Rental Fee per day: \$ _____

Please remit payment to:

Tuscarora Township
3546 S Straits Hwy
PO Box 220
Indian River, MI 49749

* Event will be posted on Tuscarora Township’s Online Calendar: www.tuscaroratwp.com _____

APPROVED BY: _____ Date: _____