Mailing Address
P.O. Box 277
Dauphin, PA 17018

Phone: 717-921-8128

Office Address
10 Elizabeth Avenue
Dauphin PA, 17018

Fax: 717-474-8146

Middle Paxton Township

BOARD/MEETING ROOM RESERVATION REQUEST

Requests to reserve the **Board Meeting Room** at Middle Paxton Township Municipal Building are reviewed and approved by the **Board of Supervisors**. Please complete this form in its entirety; sign and return it to the Township Office. Once approved, please **do not** request changes due to scheduling conflicts. **Unexpected meetings for Township business take precedence over all others and may necessitate cancelling of an organization's meeting**. These instances are rare but the possibility needs to be noted. **Usage requests must be submitted annually.**

Name of Organization: _____

Contact person & position in Organization **(please print):** _____

_____

Day requested (Mon – Sun):_____   Date (mm/dd/yyyy): _____

Frequency (monthly, bi- monthly or specific period of time): _____

Time of reservation: From _____   To _____

Mailing address: _____

E-Mail Address: _____

Contact numbers: Home: _____   Work: _____

Cell: _____

Type of activity to take place in the Board/Meeting Room:

_____Organizational Meeting   _____Seminar

_____Study Group   _____Planning Session

_____Training Program   _____Other (Please describe below)

Expected attendance: _____

Type of refreshment or snacks, if any _____

Please return this completed form to the Township Office. If you have questions about the Board/Meeting Room, or about this form, please call the Township office (717) 921-8128.

I certify that I have read the Board/Meeting Room policy and rules and that I agree to use the Board/Meeting Room in accordance with them. I further agree to accept personal responsibility for any damage to the Board/Meeting Room facilities, equipment or materials during my organization's occupancy. I understand that unexpected Township business takes precedence over any granted approval and other meeting arrangements may be necessary.

Signature: _____

Date: _____

For Township Use Only

Approved _____ Initials _____