



Application for Use of Pine Street Family Health Center Community Room

Name:

Organization:

Website if applicable:

Email and phone number:

Date/Time of event:

If this is a series, eg. multiple classes or meetings, please indicate day of week, time, number of sessions, and start date:

How many people do you expect to attend?

Are you able to provide a certificate of liability insurance?

Please provide a detailed description of your event/program: