



# COMMISSIONERS' MEETING ROOM RESERVATION REQUEST FORM

**INSTRUCTIONS:** To reserve the Commissioners' Meeting Room, please first call (717) 569-6408 x 108, to determine room availability. Priority use for the room is given (in order) to Township associated business and meeting activities, Township citizens and Non-Profit Groups, and other external groups.

**BILLING:** This reservation form must be completed and returned at least seven (7) days prior to the requested use. Payment accompanying the reservation form is required in advance of any single meeting event or any regularly scheduled monthly or weekly reservations. The room is not held and reserved until the reservation form and all payments are received. Please make checks payable to Manheim Township. An invoice will be issued upon signing the contract and reservation form.

**FOOD & CATERING:** Food shall be limited to beverages and light fruit or food tray service only. Every group is responsible for its own food arrangements. The Township will not be responsible for organizing the set up or pick up time for your catering.

**CANCELLATION POLICY:** We require a cancellation notice of 24 hours in advance. The Township is not responsible for cancelling any catering orders.

**REQUESTOR:**

Individual/Organization Name: \_\_\_\_\_

C/O Individual/President/Authorized Representative Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone/Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Reservation Dates Requested: *(List: Day of Week/Date/Total Hours/After Hours? Y/N) (Attach additional info. if necessary)*

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Will your meeting event(s) include beverage and/or food service? \_\_\_\_\_

Vendor Name and Contact Information: \_\_\_\_\_

THIS AGREEMENT is made between Manheim Township (Township) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and the below listed Individual/Business or Non-Profit Organization (User):

\_\_\_\_\_  
(Individual/Business or Non-Profit Organization Name)

\_\_\_\_\_  
(Individual/President/Authorized Representative Name in charge)

