

# MARA Facility Reservation Application

800 Thurston Road, Meadville, PA. 16335  
Phone: (814) 724-6006 Fax: (814) 337-8995  
Attention: Chris Nuzback, Assistant Director  
**PAYMENT IN FULL @ TIME OF RESERVATION**

Facility Request : \_\_\_\_\_

Activity : \_\_\_\_\_ Do you want concession open? Y N

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you rented the facility in the past? \_\_\_\_\_ Date: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Beginning Dates:	Ending Dates:	Time:
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Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

*Please list all dates that would be canceled on opposite side. (Ex: Holidays, out of town, etc)*

**Mondays:** \_\_\_\_\_

**Tuesdays:** \_\_\_\_\_

**Wednesdays:** \_\_\_\_\_

**Thursdays:** \_\_\_\_\_

**Fridays:** \_\_\_\_\_

**Saturdays:** \_\_\_\_\_

**Sundays:** \_\_\_\_\_

**This application is to help the Mara Staff when scheduling its facilities. This does not necessarily give approval of above request. The contact person will be notified of approval or disapproval of request. You will be notified if more information is needed. Payment must be made in full and accompany this application. Payment is not refundable unless MARA would not approve your request.**

**It is hereby agreed that the above organization or individual shall indemnify, save and hold harmless the MARA from claims for bodily injury and/or property damage arising out of the use of the above premises by the above, its agents, servants or employees.**

**The individual and/or group agreed to leave the facility and/or contents in the same order as found. I do agree that I and/or group will be responsible for property damage arising out of the use of the above premises. A maintenance fee will be charged of \$50.00, which will be refunded if left in the same condition as taken.**

**Tobacco products are not permitted.  
Outside Food & Beverage is not permitted.**

\_\_\_\_\_  
**Signature & Title** **Date**

\_\_\_\_\_  
**MARA Staff** **Date**

**Amount Paid:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **C Card:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
**Director/Assistant Director**