

**Lycoming Law Association
Room Use Application**

Name of Organization/Individual: _____

Contact Person: _____ Contact Phone: _____

Mailing Address: _____

Contact Fax: _____ Contact Email: _____

Event Description: _____

Date of Event: _____ Start Time: _____ End Time: _____

Room You Wish to Use: Conference Room _____ Classroom _____

Number of People Expected to Attend: _____

Do You Plan to Serve: Food _____ Beverages: _____ Alcohol: _____

Other Comments: _____

Hospitality: The LLA can provide an optional hospitality service (which includes pitchers of ice water, a variety of soda, coffee products and snacks). A charge of \$25.00 will be required for said hospitality services. Indicate your preference:

_____ Yes, please include the hospitality service.

_____ No. I elect not to take advantage of the hospitality series offered by the LLA.

I have read the Lycoming Law Association Room Rental Policy and agree to its terms and conditions.

Signature of Applicant

Date