



**FACILITY USE APPLICATION
OBICI Healthcare Foundation**

APPLICANT NAME _____

ADDRESS _____

HOME PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

DATE REQUESTED _____ NUMBER OF PARTICIPANTS _____

PURPOSE OF EVENT _____

TIME: BEGINNING _____ ENDING _____

I have applied to use the following: (please mark one)

_____ Board Room _____ Conference Room

area of the OBICI Healthcare Foundation building located at 106 W. Finney Avenue, Suffolk, VA.

I am certifying to the Foundation that I will act as the host of the function and that as such, I am responsible for my actions as well as my guests. In recognition of my responsibilities, I agree to follow the requirements stated on the Facilities Usage Policy.

The undersigned agrees that the Foundation and its employees shall not be liable for any claims, injuries, damages, or expenses sustained by the undersigned as a result of use of the existing facility.

I have read, understand and agree to be bound by the conditions of use of the above room(s) as specified in the Foundation Facilities Usage Policy including the provisions relating to liability and indemnification.

Signed: _____ Date: _____
Requesting Organization Officer/Director

• PLEASE BE ADVISED THAT ALL TRASH MUST BE DISPOSED OF.

OFFICE USE ONLY
APPROVED _____ **DATE** _____
COMMENTS: _____ **DISAPPROVED** _____
NAME: _____