

Application for Use of Tabernacle/Kull Youth Facilities

Legal Name of Group:	("Applicant")
Tax Status of Group: XX 5 (*please provide IRS status letter	501@(3)* Other non-profit * Individual For-Profit Entity with application)
Description of Event:	
Attendees: Approx Number	: Type (circle): Members Students Employees General Public Ticketed Public
Facility Areas Requested: _	
Recurring Weekly from (Circle day) Monday Tues	Event Date(s) fromto
Facility Access Required (inc Setup: Date:	Cleanup: Date:
Time:	AM or PM Time:AM or PM
naming Ocean City Taberna Representative Signature: Representative Name (Printe Representative Office/Title o	ed): ("Representative") or Authorized Role with Group:
Applicant's Reservation Co Name:	<u>ntact</u> : email:Phone #:
Tabernacle's Reservation ('ontact
	email:Phone #:
_	_ FOR OFFICE USE ONLY
Approved: ☐ Yes No Reservation #:	Date of Approval: By:
Total Fees (excl Sec Deposit) Reservation Deposit: Fee Balance (by 30 Days) Security Deposit: Recurring Fee per:	\$
INSURANCE CERT DUE Copy to be given to applicant	Received Date: after approval. Original application to be retained in the Tabernacle files.