

Mount Holly Community Association
P.O. Box 93 Belmont, Vt. 05730
Building Usage Form
(Must be submitted two weeks in advance)

Name of Individual/Organization: _____ Phone: _____

Address: _____ City/State: _____

Email Address: _____

Facility Requested (Library, Community Room, Both): _____

Equipment Requested (# tables, # chairs, appliances, AV): _____

Date(s) needed: From: _____ To: _____

Time(s) needed: From: _____ To: _____

Purpose/Function: _____

Fee of \$15/hour (for MHCA members) & \$25/hour (non-members) applies to private individuals or for-profit groups. Applicable: Yes No If yes, amount: \$15/hour \$25/hour

Refundable Damage Deposit of \$100 (applies as above). Applicable: Yes No
(The check submitted for the Damage Deposit will be returned to the user, unless it is necessary to deduct charges for clean-up, or damage. An accounting of those charges will be given to the user.) Make checks payable to the MHCA and mail to PO Box 93 Belmont, VT 05730.

Do you have insurance? _____



Conditions: see the attached MHCA Building Usage Policy

I have read and understand the attached policies and conditions for the use of the MHCA Library and Community Center.

Signature: _____ Date: _____



Approved by: _____ Date: _____
(one of MHCA Co-Presidents, or Librarian)

Please contact an MHCA Board member, Jennifer Burrows or Linda Miller as soon as possible, if you do not plan to use the facility at the above date/time.