

*James City County*  
*Satellite Services/Emergency Services/Virginia Cooperative Extension*  
*Meeting Room Application*

Date of Application: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Address, City, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Your Name: \_\_\_\_\_ Contact for this event: \_\_\_\_\_

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

Fees: For-profit groups will be charged a fee of \$25.00 each time the room is reserved. Non-profit groups are exempt if recognized as non-profit organizations under state or federal law.  
*Make checks payable to James City County Treasurer, but turn into Satellite Services.*

Date(s) Requested: \_\_\_\_\_

Name/Purpose of this Event: \_\_\_\_\_

\_\_\_\_\_ ARRIVAL TIME - This is the earliest you can get in the room.

\_\_\_\_\_ START TIME \_\_\_\_\_ DEPARTURE TIME

\_\_\_\_\_ Number of people expected to attend

Cancellations: For a fee refund, cancellations must be made no later than five (5) business days from date of event.

Affirmation:

I affirm that I am an authorized representative of the organization/group noted above and on their behalf request use of the Satellite Services/Emergency Services/Virginia Cooperative Extension meeting room for the purpose noted above. I have received and read a copy of the meeting room policy\* and accept responsibility for any damages and harm to property and/or persons while our group or organization uses the facility.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

If you would like a faxed copy of your completed reservation, check here.

***\*All reservations may be subject to cancellation in the event of a priority and/or urgent need of government agencies.***

