

Eligibility for Waiving Program Room Rental Fees

Group's Name:		
Contact Person's Name:		
Date:		
Is the group a registered charity and/or an official non-profit society? * Number:	YES	NO
2. Do volunteers run the group?	YES	NO
3. Does the group have paid employees?	YES	NO
4. Are the group's aims (circle one): educational civic charitable	cultura	al
5. Are the group and its meetings open to the general public?	YES	NO
6. Are fees charged to persons to attend the meeting/event?	YES	NO
7. Does the group aim to serve the needs of citizens other than those in a the current meeting or program?	attendar YES	
8. Will the event include solicitation, sales or promotion of any service, product, or property? If yes, describe. YES NO		
For Staff use only		
Rental fee will be: CHARGED	V	VAIVED
Staff name: Date:		
*If yes, must provide registration number.		