AT

MUELLER

Community Room Agreement

Organization/ Group Name: _____

Contact Name: _____ **Contact Phone:**_____

Contact Email: _____

Reoccurring Event: ____

The organization listed above has access to the H-E-B at Mueller Community Room from _____ (time) to _____ (time) beginning on _____ (start date), and they will have a reoccurring reservation for _____ (frequency) ending on _____ (end date).

One Time Event:____

The organization listed above has access to the H-E-B at Mueller Community Room from _____ (time) to _____(time) on _____(date).

Terms & Conditions:

- H-E-B at Mueller will provide the following items for the event.
  - Tables and Chairs
  - Dry erase boards
  - Television and Laptop with applicable connectors
- A member of the above organization must check-in with a store manager or Community Coordinator upon arrival to and departure from the community room.
- A member of the organization must fill out the sign-in sheet, located by the light switch, in the community room.
- Before departure, the organization must: return tables and chairs to their original location, and wipe down countertops.

I have read the terms and conditions listed above and understand that failure to comply may result in the cancelation or denial of future event requests in the H-E-B at Mueller Community Room.

_____ _____

Organization Representative **Date**