

# GROUP MEETING COMMUNITY ROOM APPLICATION

Today's Date: \_\_\_\_\_

Name of Group/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of Ever'man? Yes  Member # \_\_\_\_\_ No

Description of Group: \_\_\_\_\_

Date & Time You Are Requesting: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing this application, I certify that I have read, met and agreed to the Community Room Guidelines set forth by Ever'man's Membership Services Department.

*Payment for the community room rental must be paid at the cash register or mailed within four weeks after the scheduled class. Please make check payable to Ever'man.*

Open Monday - Saturday, 7AM to 7PM - Sunday, 11AM to 4PM  
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Pensacola, Florida 32502  
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Email: [info@everman.org](mailto:info@everman.org)