



## PCHS Community Room Organization Application for Calendar Year 2026

Non-Profit Organization Name: \_\_\_\_\_

Non-Profit Mailing Address: \_\_\_\_\_

Non-Profit Email Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Reason for Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the PCHS Public Use of Community Room Policy and agree to abide by any decisions / restrictions described therein.

Printed Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

Internal Use Only:

Proof of Non-Profit Status

PCHS listed as an "additional insured" on non-profit general liability policy

Approve

Disapprove

Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_