



Greater Lynchburg Transit Company
Central Virginia Transit Management Company, Inc.

Meeting Room Request Form

APPLICANTS INFORMATION (Complete All Fields Below)

Event Name: _____
 Anticipated number of attendees/participants: _____
 Event Description: _____
 Date & Time of Event: _____
(Include setup and take-down time)
 Point of Contact Name: _____
 Telephone Number: _____
 E-Mail Address: _____
 Type of Organization:

Non Profit	City Dept	Other
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 Location:

Transfer Station	Operations and Maintenance Facility
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 Room Setup:

Classroom Style	Theater Style
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Applicant's Certification

I acknowledge that I have received and reviewed a copy of the GLTC Meeting Room Policy. After reviewing the policy I acknowledge that: I will comply with all regulations outlined in the meeting room policy; that no admission fee will be charged for the meeting; there will be no fundraising; sales of goods or services, or the solicitation for future sales or services take place during my meeting; I am a resident or property owner within the City of Lynchburg or Madison Heights; I am the authorized representative of the organization holding the meeting; I will be in attendance at the meeting; and I understand that I will be held accountable for restoring the room to setup condition and for any and all damages to the room or to GLTC equipment.

Name: _____ Date: _____
 Signature: _____ Driver's License #: _____
 Address: _____ City, State, ZIP: _____

Internal Use Only

\$20 Application Fee Collected
 (Date & Time: _____ (Indicate Payment Type: _____)
(Waived for non-profits with IRS determination documentation – attach copy) or (City Departments)
 Staff Signature: _____ Date: _____

Complete this section upon checkout:

Total Length of Meeting: _____ *(Round up by ½ hour increments)*
 Total Fee Due: _____ *(\$50 first two hours, minimum) (\$25/hour each hour or \$12.50 per half hour)*
 Amt. Paid: \$ _____ Payment Type: _____ Authorization # or Check #: _____
 Staff Signature: _____ Date: _____