

**First United Community Room at Texoma Health Foundation
Rental Application**

Please read our Community Room guidelines before submitting your application.

Today's Date: _____

Contact Person: _____ Organization: _____

Address: _____

E-Mail Address: _____ Phone Number: _____

Purpose of Meeting/Event/Collaborative: _____

Event Date: _____ Time Needed: _____

How many attendees do you expect? _____

I have read the Community Room guidelines and understand that rental is contingent on approval by THF. Texoma Health Foundation does not assume liability for injuries to individuals or damages to personal property which occur as a result of actions of participants in meetings/events in the Community Room. I understand that if during use there is damage to the Community Room or property within that I will be held liable.

Printed Name: _____

Signature: _____ Date: _____

Please mail, email, fax or drop-off your application to:

Texoma Health Foundation
5036 Reba Drive
Denison, Texas 75020

Phone: 903-337-0755
Fax: 903-337-0744
Richardson@texomahealth.org

THF Office Use Only

Approved Waiver Signed Entered on Community Room
 Not Approved Google Calendar