NON-PROFIT APPLICATION

MARION GERRISH COMMUNITY CENTER (MGCC)
39 W. BROADWAY, DERRY, NH 03038
TEL. 603-434-8866 FAX 603-432-5760 EMAIL: MGCC.DERRY@GMAIL.COM WWW.MGCCDERRYNH.ORG

SEPTEMBER 2025 THROUGH AUGUST 2026

The Marion Gerrish Community Center is a nonprofit, 501C3 organization.
Support comes from the generous donations of groups like yours and our Thrift Shop.
Please carefully read all the attached information

Name of Group: _____

Purpose/Mission of meeting: _____

If the purpose/mission of your meetings change from the original purpose listed above, the MGCC must be notified.

EIN number (if have one)**:**_____

Appx. how many people are in your group? _____

When do you wish to use our facilities? (i.e. Mondays, every third Thursday, etc…)

Use the backside of this form and LIST ALL OF YOUR DATES if you are meeting more than once.

meeting start time:_____**meeting end time: (**include time to clean room**)**_____

We will expect you to arrive & leave within 15 minutes of the times listed, please select carefully.

Day of week / Date: _____**Frequency**:_____

Date group plans to start _____**Date group plans to stop**_____

Any times that you DO NOT meet (i.e. summer, vacations, snow days)_____

Room preference(s):_____ We DON'T guarantee specific rooms but try to accommodate requests.

By signing, you agree on behalf of your group, to the MGCC Rules & Room Use Policy. _____ **Initial**

By signing, you agree on behalf of your group, to hold the MCGG harmless. _____ **Initial**

We do not allow ANY tobacco products NOR alcohol on our premises. _____ **Initial**

The Center may cancel your reservation due to weather, COVID19 or other. _____ **Initial**
(We will announce on WMUR, News 9 if the Center is closed)

The Center requires a current certificate of liability insurance (if avail) _____ **Initial**

Birthday candles & sterno for chafing dishes are the only flames allowed in the building. _____**Initial**

Planned Donation $_____ ❑ weekly ❑ monthly ❑ quarterly ❑ yearly

Please give as generously as you can, the MGCC is a 501C3 and we absolutely need your donations!

Contact Person: _____

Mailing Address: _____**City, State, Zip**: _____

Phone number: _____ **E-Mail**:_____

Alternate phone numbers:_____

If contact information changes, it is the group's responsibility to notify the MGCC.

I (we) have read and agreed to abide by the MGCC Rules & Room Use Policy (attached). In addition, all members of our group agree to hold the MGCC harmless for any injuries/illnesses sustained while on our property.

Date & signature of contact person_____