

Staff Notes



Facility Usage Agreement

Thank you for your interest in using the Philanthropy Center facility. To process your request, please complete and return this form. As part of our mission, we offer the rooms at no charge, however, donations are appreciated. *Reservations are not confirmed until both parties sign this agreement.*

By mail: The Community Foundation for McHenry County

By email: connect@thecfmc.org

33 E. Woodstock Street Crystal Lake, IL 60014

Organization Name:				
Address:				
City:		State:	ZIP:	
Primary Contact Person:				
Phone:	Email:			
Secondary Contact Person:				
Phone:	Email:			
In consideration of being permitted to discharges and agrees to indemnify a claims of liability that are asserted as I have read and agree to a	The Community Foundation gainst CFMC arising from i	n for McHenry Co ts use of the spac	ounty (CFMC) for any and all kno ce.	
 User Signature	 Date	Founda	tion Representative	 Date