



Meadowview Community Center

13168 Meadowview Square
P.O. Box 530
Meadowview, VA 24361
276-944-3170



Room Reservation

Name: _____

Address: _____

Phone: _____

Date: _____

Number of Hours: _____

Time: _____ to _____

Approximate Number of People: _____

Check all of the following you wish to reserve.

____ Community Room

____ Conference Room

____ Basic Kitchen Use: ice maker, coffee maker, pitchers, sinks, refrigerator, small freezer, carts, and microwave

____ Full Kitchen Use: basic kitchen use plus stove for cooking, dishwasher (2 hour cycle), and dishes

Rental Fees

____ Community Room: \$10.00 per hour, \$25.00 for 4 hours, or \$50.00 for 8 hours to 10 hours
(Community Room rental includes Basic Kitchen Use)

____ Conference Room: \$10.00 per hour, \$25.00 for 4 hours, or \$50.00 for 8 hours to 10 hours

____ Full Kitchen Use: \$35.00 (\$25.00 Refundable)

Deposits

____ Community Room: \$25.00 Refundable

____ Conference Room: \$25.00 Refundable

Note: Please write separate checks for the deposit and rental payable to Meadowview First, Inc.

Please return the completed rental form and checks to: Gail Bricker, 30069 Lee Hwy
Glade Spring, VA 24340

_____ Total Amount Due

Reservation is not final until all fees are received. A thirty day cancellation notice is required.
Fees must be paid by check.

Deposit received: _____	Check #: _____
Reservation fee received: _____	Check #: _____
Total received: _____	
Received by: _____	Date received: _____

It is the responsibility of the renter to clean, vacuum, and take all trash to the dumpster behind the building.