
ALBANY FRIENDS MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS

727 MADISON AVENUE, ALBANY, NEW YORK 12208 518-436-8812

APPLICATION FOR USE OF THE ALBANY FRIENDS MEETING HOUSE

Name of Group_____

Contact Person_____

Address_____

Phone _____ email _____

Describe the purpose of your group:

Is your group incorporated? Yes No Have applied Date applied?_____

Size of group or number expected to attend?_____

What day of the week are you requesting?_____

What time of the day are you requesting?_____ to _____ (AM or PM?)

If you know what room(s) you want to use, please indicate here:

Do you charge a fee for attendance?

Will you have food and/or beverages at your events? Yes No Sometimes

Do you need the kitchen for food preparation? Yes No Sometimes

Will you need space for equipment or supplies? Yes No Sometimes

If yes, what sort of storage space do you think you'll need?

Other needs or considerations:

Name of person applying (please print)_____

Signature_____ Date_____

Return application to Caretaker, Albany Friends Meeting, 727 Madison Avenue, Albany, New York, 12208.