



Harden Foundation Estate Facilities

Organization Registration Form

Date: _____

Name of Nonprofit Organization: _____

I. Contact Information

Contact Person: _____

Mailing Address: _____

City: _____ State ____ Zip _____

Phone Number: _____

Fax Number: _____

Email address: _____

Website: _____

II. Authorization

By signing below, the signing person certifies that he or she is authorized to represent the Nonprofit Organization and that he or she has read, understands and will comply with the Harden Foundation's Rules, Regulations and Policies on the use of the Facilities.

Signed: X _____ Date ____ / ____ / ____

Print Name and Title: _____

Please return this completed Form to the Harden Foundation office as soon as possible:
Lydia@hardenfoundation.org; Fax: (831) 443-1429; P.O. Box 779, Salinas, CA 93902

Approved by Harden Foundation:

By:

Date

FORM: HF63