

Pequannock Twp. Public Library Meeting Room Reservation Form:

Today's Date: _____

Name & Address of Organization: _____

Advisor in Charge: _____

Name: _____

Address: _____

Phone Number: Home: _____ Office: _____

Meeting Room Space Needed:

Window side: _____ Non-window side: _____ Full Meeting Room - both sides: _____

You will be responsible for the set up and break down of tables and chairs and clean up.

Day of the Week: _____ Date: _____ Times: From: _____ To: _____

Purpose of Meeting: _____

Anticipated attendance: _____ Will light refreshments be served? yes ___ no ___

Hold Harmless Agreement:

The undersigned applicant, on behalf of itself and those persons acting in concert with it and under its control, agrees to save and hold harmless the Pequannock Twp. Public Library, its agents and employees, from any and all liability for injuries to users (including their invitees) related to the activity for which the reservation of the Meeting Room has been made.

For Office Use Only:

Deposit (\$50.) received _____

Date application received _____

Date approval given _____

Copy to applicant _____

I have read the Library's policy on use of the Meeting Room and I hereby agree to abide by and enforce it. I further agree to be responsible for any damages arising from the use of the facility.

Library Director.

Signature of Advisor.

In the event of cancellation please notify the Library as soon as possible.