

Pequannock Twp. Public Library Meeting Room Reservation Form:

Today's Date:

Name & Address of Organization:

Advisor in Charge: Name & Address

Phone Number-

Home:

Cell:

Office:

Meeting Room Space Needed:

Window Side:

Non-Window Side:

Full Meeting Room (both sides)

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

Day of the Week: Date:

Times:

From - To

Purpose of the Meeting:

Anticipated Attendance:

Will light refreshments be served? YES / NO

Hold Harmless Agreement:

The undersigned applicant, on behalf of itself & those persons acting in concert with it & under its control, agrees to save & hold harmless the Pequannock Twp. Public Library, its agents & employees, from any & 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- _____

Library Director:

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

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

Signature of Advisor: