APPLICATION FOR USE OF MEETING ROOM

Name of Organization		
Nonprofit?	Tax Exempt #	For Profit?
(A nonprofit organiza	ation is required to provide its Tax Exen	npt number.)
Person Responsible for Program:	Name	
	Address	
	Telephone	
Date of Meeting or Event	Beginning Time	Ending Time
Room Requesting:	Number of People Expected	
	#Tables Other (please sp	•
Are you requesting before or after ho	urs use? (please see Library hours be	low)
(Before or after hours use MUST be	arranged in advance and is dependent	upon the availability of Library staff.)
	y may suffer as a result of claims, dema	, Trustees, agents and employees harmless ands, costs or judgments arising out of the use
separate from checks for fees. Check this form must be in attendance at the and Guidelines. This form must be compared to the	ks should be made payable to the Stra e event and is responsible for the group	ion. Checks for security deposits must be tford Library Association. The person signing o's observance of the Meeting Room Policies rior to the event taking place. No date shall be with an authorized signature.
Your Signature	Date	
Library Signature	Date	
	<u>Library Hours</u>	
	Monday – Thursday 10 AM - 8 PM Friday & Saturday 10 AM - 5 PM Sundays 1 PM - 5 PM	

(October through May)

Written 3/15/02. Reviewed 07/03.