APPLICATION FOR USE OF MEETING ROOM

Name of Organization__________________________________________________________________

Nonprofit?_________ Tax Exempt #________________ For Profit?__________

(A nonprofit organization is required to provide its Tax Exempt number.)

Person Responsible for Program: Name_________________________________________________

Address__________________________________________________________________________

Telephone________________________________________________________________________

Date of Meeting or Event____________ Beginning Time__________ Ending Time___________

Room Requesting:_______________________ Number of People Expected____________________

Equipment Needed: #Chairs________ #Tables________ Other (please specify)____________________

_____________________________________________________________________

How to Set Up Room

Are you requesting before or after hours use? (please see Library hours below) _____________________

(Before or after hours use MUST be arranged in advance and is dependent upon the availability of Library staff.)

_________________________________________________________________________________

______________________________________ agrees to indemnify and hold harmless the Town of Stratford, its agents
and employees, and the Stratford Library Association, its Board of Directors, Trustees, agents and employees harmless
from any liability, loss or damage they may suffer as a result of claims, demands, costs or judgments arising out of the use
of the Library facilities pursuant to this Agreement.

All fees and security deposits are payable in advance at the time of application. Checks for security deposits must be
separate from checks for fees. Checks should be made payable to the Stratford Library Association. The person signing
this form must be in attendance at the event and is responsible for the group’s observance of the Meeting Room Policies
and Guidelines. This form must be completed and signed by both parties prior to the event taking place. No date shall be
considered confirmed until the Library returns a copy of this application page with an authorized signature.

Your Signature_________________________________________ Date_________________________

Library Signature_______________________________________ Date______________________

Library Hours

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.