

Date: _____

In the name of the organization,

I am applying for the use of the Community Room in the Royalton Hartland Community Library. **I have read the Community Room Policy and agree to comply with all regulations, including but not limited to the policies requiring that organizations be non-commercial entities and that meetings be open to the public at all times.**

Name of applicant: _____

Phone number of applicant: _____

Position held within organization: _____

Date(s) and time(s) of meeting(s): _____

Probable attendance: _____

Type of organization:

Library Related

Civic

Educational

Other (please explain) _____

Cultural

Recreational

Organization's purpose:

Activities to be conducted:

Equipment needs (we cannot guarantee the use of or assistance with equipment, but we will do our utmost to provide it):

- Tables DVD player
 Chairs Laptop hookup
 Projector

Refreshments being served:

- Yes
 No

I certify that I am a member of the above named group. The above statements are true to the best of my knowledge and belief.

I hereby agree that, as the applicant, I will be responsible for clean-up of the Community Room as a result of its use by anyone attending the meeting. I am responsible for any damage caused during the meeting to the library premises, furniture or equipment because of the use of said premises by the above organization, and agree to pay for (or arrange for payment of) said damages as assessed by the Library Board of Trustees.

I have read and agree to abide by and uphold all rules and policies of the Royalton Hartland Community Library governing the use of the library, premises or equipment.

I also agree to protect, save and keep the Royalton Hartland Community Library, the Board of Trustees, the Library Director, their agents and employees forever free and harmless and indemnified against and from any and all loss, cost, or expense arising out of or from any accident or other occurrence causing injury to any person or property whomsoever or whatsoever as a result of the use of the above premises.

I agree to notify the Director twenty-four (24) hours in advance of any cancellation and understand that repeated cancellations may cause forfeiture of the use of the Community Room.

Signature of Applicant: _____ Date: _____

Print Name: _____

Return completed application to the Library Director.

Organization: _____

Reservation:

- Approved
- Not Approved

Authorized Library Personnel:

Signature: _____ Date: _____

Sonora R. Miller, Library Director