

South Country Library
Community Room Application

Instructions: Please complete and sign this application after you have read the attached Meeting Room Policy. Your signature commits the organization to abide by the Meeting Room Policy, **particularly item #14**. This application must be filed at least one week in advance, but no more than one month in advance of the requested meeting date. Please return the application to the Reference Desk.

DATE of APPLICATION: _____

PART 1: Information about the ORGANIZATION	
Name of the Organization:	
Address of Organization:	
Phone# of Organization:	
Purpose of Organization:	
President/Chairperson of Organization:	
President's Address:	
President's Phone#:	
If members of the public want to contact the organization for further information, what phone number can we give them?:	

PART 2: Information about YOU, the APPLICANT	
Your Name:	
Your Address:	
Your Phone#:	
Your Position in the Organization:	

PART 3: Information about the MEETING ROOM REQUEST	
What day and date would you like to meet?	Day: _____ Date: _____
What time would the meeting begin and end? (Meeting Rooms must be vacated by 8:30PM on weeknights and by 4:30PM on weekends.)	From: _____ To: _____
How many people do you expect to attend the meeting?	
What will be the topic of the meeting?	
Name of the Speaker (if applicable):	
Will there be printed materials distributed in relation to the meeting? (If printed material is being distributed, you must submit copies to the Library in advance for approval.)	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 4: Information about the ROOM SET-UP (There are two community rooms, Room A & Room B that can be joined to form one large room. The maximum capacity for the combined rooms is 86 individuals seated in rows. Room A holds 42 and Room B holds 44.)	
How many chairs will be needed?	
How should the chairs be arranged? In rows or at tables?	<input type="checkbox"/> ROWS <input type="checkbox"/> TABLES
Do you require tables for display, materials, etc.?	<input type="checkbox"/> YES (If YES, HOW MANY? _____) <input type="checkbox"/> NO
Are you serving refreshments?	<input type="checkbox"/> YES (If YES, WHAT WILL YOU BE SERVING: _____) <input type="checkbox"/> NO
Do you need access to the kitchen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the Organization/Speaker be bringing its own equipment, such as a lap top, and a person to operate it? (The Library may not be able to provide or operate equipment.)	<input type="checkbox"/> YES (If YES, WHAT EQUIPMENT: _____) <input type="checkbox"/> NO
Please mark the box next to any other items you will need:	<input type="checkbox"/> Lectern/ Podium <input type="checkbox"/> Blackboard/ Dry-erase board <input type="checkbox"/> VCR <input type="checkbox"/> DVD player <input type="checkbox"/> Piano <input type="checkbox"/> Other: _____

PART 5: APPLICANT SIGNATURES

A: INDEMNIFICATION AGREEMENT

In consideration for its utilization of the premises of the South Country Library (“Library”), _____(Organization Name) hereby undertakes to indemnify, hold harmless and provide reasonable attorney’s fees to the Library, for the defense of any claims and/or actions brought against the Library, its agents, employees, volunteers, and trustees, individually or collectively arising out of the _____(Organization Name) use of the Library’s premises including any claims or actions based upon the content of or representations made at the event held by _____(Organization Name) within the Library’s premises.

IN WITNESS WHEREOF, the governing board of _____ (Organization Name) has caused this Agreement to be executed by the President of the _____(Organization Name) this _____(date)day of _____(month/year).

By _____
Signature of Person Making Application

B: MEETING ROOM POLICY

I have read and understand the Library’s Meeting Room Policy. I understand that my signature commits the organization to abide by the Meeting Room Policy, **particularly item #14.**

X _____
Signature of Person Making Application

-----▼LIBRARY USE ONLY▼-----

Approved Disapproved

Signature of Director or Designee _____

Date: _____