



PROVIDING YOU WITH RESOURCES, PROGRAMS, AND SERVICES
THAT ENHANCE AND ENRICH YOUR LIFE

APPLICATION FOR USE OF MEETING ROOMS

Name of organization: _____

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For-profit status

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Non-profit status (*Proof of status required*)

Name of person applying: _____

Address of organization and/or applicant: _____

Phone: _____

E-Mail: _____

Purpose of meeting/program _____

Will food be served (including snacks/drinks or meals)? _____

Anticipated number of attendees: _____

Will you need catering kitchen access? _____

Will you need A/V equipment? If so, what kind? _____

Preferred date: _____ **From** _____ **to** _____

Alternate date: _____ **From** _____ **to** _____

Do you plan to advertise your event? Yes _____ No _____ **If yes, please enclose a sample.**

Does your organization/group carry liability insurance? Yes _____ No _____

I have read and agree to comply with the rules of the Haverford Township Free Library regarding the use of the meeting room.

Signature

Date

Indemnity and Hold Harmless Agreement

_____ agrees to Indemnify and Hold Harmless the Haverford Township Free Library Board of Trustees, the Township of Haverford, and the Haverford Township Free Library, their agents and employees from and against all claims, damages, losses and expenses including reasonable attorney's fees, arising out of the use of the community Room within the Haverford Township Free Library, including claims as to bodily injury, illness death or property damage.

Signature

Date