haverfordtownship free library

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

APPLICATION FOR USE OF MEETING ROOMS

Name of organization: _____

☐ **For-profit status** ☐ **Non-profit status (*Proof of status required*)** ☐ **Individual/Other**

Name of person applying: _____

Address of organization and/or applicant: _____

_____

Phone: _____ **E-Mail:** _____

Purpose of meeting/program _____

Anticipated number of attendees: _____

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

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

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

Does your organization/group carry liability insurance? Yes No If yes, please provide COI

Will fees be charged to participants? _____

Will you need catering kitchen access? _____

Preferred day & date: _____ **From** _____ **To** _____
Alternate day & date: _____ **From** _____ **To** _____
Time should include Set-up and Clean-Up – Specify Participant Arrival Time: _____

Complete both signature lines below. I have read and agree to comply with the policies of the Haverford Township Free Library regarding the use of the meeting room.

_____ _____

Signature **Date**

Indemnity and Hold Harmless Agreement

_____ agrees to Indemnity 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**