

**APPLICATION FOR THE USE
OF THE HILLSIDE PUBLIC LIBRARY
MEETING ROOM**

ATTENTION:

Groups using our facilities must comply with the Americans with Disabilities Act and must provide qualified interpreters or auxiliary aids upon request.

FOR OFFICE USE ONLY:

New Organization _____
Approved by _____
Is room available? _____
Staff initials _____

DATE _____

NAME OF ORGANIZATION _____

FOR USE OF _____ Small Meeting Room _____ Large Meeting Room

DATE(S) OF MEETING _____

TIME OF MEETING (Beginning and Ending) _____
(The meeting rooms must be cleared 15 minutes before the Library closes.)

PURPOSE OF ORGANIZATION _____
(Cultural, educational, etc.)

NATURE OF MEETING _____
(Discussion, film, etc.)

PROBABLE ATTENDANCE _____

(Important: We are not responsible for the set-up of the room. You should be prepared to arrange the furniture.)

I have read the policies for use of the Library's meeting rooms. I agree to comply with the policies and to assume full responsibility implied by them. I agree to defend, indemnify, and hold harmless the Hillside Public Library for any accidents or injuries sustained there.

REPRESENTATIVE'S SIGNATURE _____
(Must be over 21 years old)

HILLSIDE LIBRARY CARD BARCODE _____

ADDRESS _____
(Street) (City) (Zip)

TELEPHONE NUMBER _____
(Home) (Work)

EMAIL _____

The person whose library card is used MUST be in attendance. The room will not be "checked out" to the group without the card and the card holder present.

This form must be completed and returned to the library at least three (3) business days before the scheduled event.