Hillside Public Library

Meeting Room Contract and Application

Name of organization:				Expected attendance:
Room r	equested:	Small meeting room (capacity 10)	Large meeting	room (capacity 50)
Date of	meeting:	Meeting start time: _		Meeting end time:
Descrip	tion of organiz	ation:		
		ng this form:		
				mber
Phone:			Email:	
Room F Room F	Policy. The pers		ensuring complianc	rmation below as well as our Meeting e. Failure to comply with the Meeting rary facilities in the future. By signing
	I am responsible for set up and clean up of the meeting room. The room will be provided to me clean and empty, and I must return it to the original condition. I must be in attendance for the entire duration of the meeting.			
2.	I may only use the meeting room 12 times per calendar year and cancellations within 24 hours of the scheduled meeting will result in the forfeiture of one of those uses.			
3.	-			
	its original condition at least 30 minutes before the library closes.			
4.	The name and contact information of the library may not be used in any publicity except to designate the location of the meeting.			
5.	No admission fees, sales, or fundraising are permitting.			
6.	All attendees must adhere to the Library Code of Conduct and all applicable laws and regulations.			
7. 8.				
Ο.	or for any breakage, damage, or theft of library property.			
9.	I assume responsibility for supplying and assuming the cost of special accommodations that are requested by			
	meeting participants. All meetings must comply with the Americans with Disabilities Act.			
10.	O. I agree to indemnify and hold harmless the library, its trustees, officer, agents, and employees from and against any and all losses, damages, costs, suits, actions of any kind, arising or resulting from any act, omission, or error of the group or individual and any users and resulting or relating to personal injuries or property damages arising from the use of the facility.			
Signatu	re	Name		 Date
This for	m must he sub	mitted at least five days before the so	heduled event	
	mast be sub	anneced at least live days before the sc	TICALICA CVCIIC	

Date and time received:_____ Scheduled by:_____ Approved by:_____

For office use only