Hillside Public Library

Meeting Room Contract and Application

Name of organization:			Expected attendance:	
Date of meet	ring: Meeting	start time:	Meeting end time:	
Description o	of organization:			
Detailed des	cription of meeting (attach addition	nal pages if necessary; c	consider providing your promotional materials):	
Name of person signing this form:		Library	Library card number: 29112000	
Phone:	Email: _			
Room Policy. Room Policy this form you	The person signing this form is res may result in additional fees or may agree to the following:	ponsible for ensuring co y prevent you from reso	n the information below as well as our Meeting ompliance. Failure to comply with the Meeting erving library facilities in the future. By signing	
 The person requesting the use of the meeting room and signing this contract is responsible for set up and clean up of the meeting room. The room will be provided clean and empty and must be returned to its original condition. Requester must be in attendance for the entire duration of the meeting. Requester 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. All m	-			
	 The name and contact information of the library may not be used in any publicity except to designate the location of the meeting. 			
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8. Addi or fo				
•	Requester assumes responsibility for supplying and assuming the cost of special accommodations requested by meeting participants. All meetings must comply with the Americans with Disabilities Act.			
10. Requester agrees 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.				
Signature		Name	Date	
This form mu	ust be submitted at least five busine	ess days before the sch	eduled event.	
For office us	e only			

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