



Warminster Township Free Library

Room Request Form



Please print clearly. Form must be filled out as completely and accurately as possible or it may be returned.

Applicant Info

1. Organization _____	
Address _____	City _____ State ____ Zip _____
Phone _____	
Non-Profit Status _____	501c3 form on file: Y / N
2. Applicant Contact Information:	
Name _____	Home Phone _____
Address _____	Work Phone _____
Email _____	Cell Phone _____
3. Person(s) in charge of Organization (<i>Duty elected officers or committee</i>) If different from applicant:	
Name _____	Work Phone _____
Email _____	Cell Phone _____
4. Name of Program: _____	Open to Public: Y / N

Room

Meeting Room Requested:

- ☐ Large (maximum capacity 90 people; \$30/hr) ☐ Small (maximum capacity 15 people; \$15/hr)
- ☐ Study Room (maximum capacity 5 people; \$5/hour)
- ☐ LCD Projector Connection Large Room Only (\$20—group must provide all cables and connectors and be approved by Library Staff)

Date: _____ Time: _____ *Additional dates to be noted on reverse.

Applicant's Statement

By signing below, I as duly elected officer or duly authorized of the above said organization, certify that our organization agrees:

A. To assume all risks in connection with the use of the facilities requested above and hereby release, absolve, indemnify and hold harmless the Township of Warminster and its employees from any and all claims and all cost, damages, legal fees and any other expenses reasonably incurred which arise out of authorization to use the facilities of the Library. We further understand this request and we agree to be legally bound hereby.

B. That the responsibility for carrying appropriate liability insurance and medical plans, including hospitalization, lie with our organization and/or participants, since the Township of Warminster does not carry such insurance. We will provide a certificate of insurance if requested.

C. To adhere to the Rules and Regulations of Library Policy, a copy of which has been received or viewed online.

D. To notify the Library in writing within twenty-four hours of any hazardous conditions which exist.

E. That a deposit may be required if this application is approved, the deposit will be returned in full upon completion of the activity(ies) if "C" is adhered to. Our organization's liability for damage incurred by the organization if not limited to the amount of this deposit fund.

NOTE: When signed below, the above named organization is authorized to use the facilities indicated. Applicant should carry this form with him/her during the effective dates and times covered by this application.

Signature _____

Date _____

Authorization

OFFICE USE ONLY

Fee(s) - specify: _____ Date Received/Initials: _____

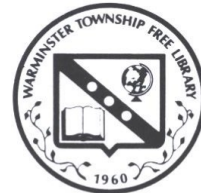
501c3 on file: _____

AUTHORIZED SIGNATURE

edit:9/29/2017



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ADDITIONAL RESERVATIONS -- (AVAILABLE JAN-APRIL, MAY-AUG, or SEPT-DEC ONLY)

Date/Time

Room

Signature

Paym't Due

Paid/Date/Staff Init.

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