



Warminster Township Library

Room Request Form



Please Print! 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 Y / N 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 (*Duly elected officers or committee*) If different from applicant:
 Name _____ Work Phone _____
 Email _____ Cell Phone _____

4. Name of Program: _____ Open to Public: Y / N

ROOM

Meeting Room Requested:
 Large: (capacity 90 people; \$15 fee) _____ Small: (capacity 15 people; \$5 fee) _____
 Date: _____ Time: _____ **Additional dates to be noted on reverse*
Please notify staff on duty when arriving at the library

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(s) if "C" is adhered to. Our organization's liability for damage incurred by the organization is 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: 9/13/2014

