

HARWINTON PUBLIC LIBRARY

Activity Room Agreement

The capacity of the Activity Room is 49.

PURPOSE OF MEETING _____

NAME OF ORGANIZATION _____

ADDRESS _____

PHONE _____

CONTACT PERSON _____

DAY & DATE OF MEETING _____ TIME: FROM _____ TO _____

(EX: MON 12/11/18)

DAY & DATE OF MEETING _____ TIME: FROM _____ TO _____

DAY & DATE OF MEETING _____ TIME: FROM _____ TO _____

SIZE OF GROUP _____

WILL YOU LIKE TO USE OUR PROJECTOR?* _____

*IF YES, YOU WILL NEED TO ATTEND A ONE-TIME TRAINING SESSION BEFORE MEETING.
PLEASE BOOK THIS TODAY WITH LIBRARY STAFF.

LIBRARIAN'S SIGNATURE _____

DATE _____

The undersigned, on behalf of the above organization, has read and agrees to comply with the policy and procedures governing public use of the Library's Activity Room. The applicant also accepts full liability for any damages to the facilities or equipment, and agrees to confine the organizations activities to the assigned room, and acknowledges that the Library will not be responsible for materials or equipment left in the building by users.

SIGNATURE _____

DATE _____

The group must provide their own refreshments and are responsible for clean-up. **No chemicals or cleaning supplies may be brought in by your group. This is an OSHA requirement.**

Rev 11/10/18

