



# Community Room Use Application

Date of application \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Best contact phone # \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_ yes \_\_\_\_ no If an individual interested in the program asks, give out my contact info.

Name of Organization/Group: \_\_\_\_\_

Requested Dates(s) & Time(s): \_\_\_\_\_

Purpose of Meeting or Event \_\_\_\_\_

\_\_\_\_\_

Need A/V? yes no If yes, name & number of A/V contact person:

\_\_\_\_\_

Community Room (Max. occupancy 30)      Expected Number of Attendees \_\_\_\_\_

I have read and agree to abide by all elements of Dover Plains Library's Community Room Use Policy. I accept full financial and legal responsibility for damages to Library equipment, furniture and/or facilities during my scheduled use of the room. I agree to indemnify and hold harmless the Library and all its officers, employees, and agents from any and all claims, demands, suits, causes of action or judgments that any person may have as a result of damages suffered during use of the Community Room.

I understand that permission to use the Community Room in no way constitutes the Library's endorsement of my group's activities, statements, or beliefs.

Applicant's Signature \* \_\_\_\_\_

*Board Approved 1/3/24*

-----for library use only-----

Date Received \_\_\_\_\_      Approved or Denied      Date Applicant notified \_\_\_\_\_

Authorized signature \_\_\_\_\_