

## APPLICATION FOR COMMUNITY ROOM USE

*Organization or agency:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Contact person:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Purpose of meeting:* \_\_\_\_\_

*Library hours: Monday-Thursday 10-9, Friday-Saturday 10-5,  
Sunday 1-4 (September-May), closed Sunday (June, July, August)*

Date requested: \_\_\_\_\_

Time requested: \_\_\_\_\_

Time of start of set up: \_\_\_\_\_

Program duration: \_\_\_\_\_

Time of end of clean up: \_\_\_\_\_

*Fee structure:*

Circle the statements that apply to your group:

Non-Profit renting 1/2 the community room, 0-64 people-no charge

Non-Profit renting the full community room, 65-150 people-\$75 charge

For-profit renting 1/2 community room, 0-64--\$150 charge

For-profit renting the full community room, 65-150-\$225 charge

Note: Non-Profit organizations, please send proof of your non-profit status.

If you are serving food & beverages there is a \$25 charge, please include it in the check amount.

If you need to rent a projector, there is a \$20 charge, please include it in the check amount.

Circle the Projector you would like to use:

Presentation Projector

Movie Projector with Surround Sound

Presenter must supply laptop computer, tablet, smart phone, movie, DVD USB thumb drive, streaming video, etc. Library offers free WiFi. We recommend that you test your presentation as soon as possible after your date is approved. Contact Adam Button or Susan Gustafson with questions or to test your presentation at: [it@wvpl.org](mailto:it@wvpl.org) or call (215) 643-1325 x25. If the equipment is damaged you will be charged the replacement cost.

*Is the organization insured? Yes                      No*

*Limits of Use*

- Attendance is limited to 150 people when renting the whole room, if you rent half the room attendance is limited to 64, per order of the Fire Marshall.
- The community room may not be reserved for use for recurring weekly meetings.
- Library staff will not be available to oversee the community room during the event.
- The organization will be required to set up the room for the desired use.
- The organization agrees to clean the area immediately after use and put all trash in proper receptacles.
- Publicity for any event must clearly state that your organization is the SPONSOR and that the library is just the LOCATION.
- Do not include the library's telephone number on flyer or in news releases.
- The date cannot be confirmed until the form, payment, and certificate of insurance are received. Payment must be received a minimum of 14 days prior to the event. Make check payable to the Wissahickon Valley Public Library.

*Insurance and Hold Harmless*

A certificate of insurance is delivered with this application for community room use with limits of at least \$500,000 each occurrence, \$1,000,000 aggregate, which lists the Wissahickon Valley Public Library, it's board, employees and volunteers as additional insured. The requesting organization hereby agrees to indemnify, defend and hold harmless the Wissahickon Valley Public Library, its board, employees and volunteers from any and all liability, claims and damages (including personal injury) as a result of use of the library.

*Statement of Responsibility*

I have read the Wissahickon Valley Public Library's Community Room Use Policy and agree to abide by the library's rules. I understand that our group shall assume financial responsibility for any equipment, rental, clean up or damage fees. I understand that the community room may not be used for sales or solicitation. I understand that we will be responsible for our group and its guests while using the library facilities. I agree to report any injury or accident occurring on the premises. I agree to abide by these and all other terms and condition as set forth in the Wissahickon Valley Public Library's Community Room Use Policy and hereby acknowledge receipt of a copy of the meeting room use policy.

\_\_\_\_\_   
 Print Name

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Title

\_\_\_\_\_   
 Date

*For staff use:*

Staff Initials \_\_\_\_\_

Date \_\_\_\_\_

Fee Collected \$ \_\_\_\_\_

Certificate of Insurance    Yes (attached)                      No                      N/A

**Wissahickon Valley Public Library**  
**650 Skippack Pike, Blue Bell, PA 19442**  
**Phone 215-643-1320 x 15**  
**Fax 215-643-6611**