



APPLICATION FOR CONFERENCE ROOM USE

Organization or agency:

Name _____
 Address _____
 Telephone _____

Contact person:

Name _____
 Address _____
 Telephone _____
 E-mail _____

Proposed use: _____

Library Hours Monday-Thursday 10-9
 Friday-Saturday 10-5
 Sunday 1-4 (September-May)

Date requested: _____

Time requested: Start of set up _____
 Program time _____
 End of Clean up _____

Fee structure: Select the statement that applies to your group:

- Non-profit-no charge
- For-profit 1-4 hours-\$50 charge
- For-profit 4+ hours-\$75 charge

Food/beverages to be served. (\$15 charge – please add it to the check amount)

Is the organization insured? Yes

No

Limits of Use

- Attendance is limited to 12 people.
- The conference room may not be reserved for recurring weekly or monthly meetings.
- Library staff will not be available to oversee the conference room.
- 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, its 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 Conference 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 conference 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

<i>For staff use:</i>			
Staff Initials	_____	Date	_____
Fee Collected \$	_____		
Certificate of Insurance	yes (attached) <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>

Wissahickon Valley Public Library
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Phone 215-643-1320 x 15
Fax 215-643-6611