BUTLER AREA PUBLIC *Library*

information education possibilities

Butler Area Public Library Meeting Room Application

Date of Application: _____

Name of Organization: _____

Name of individual Filing Application: _____

Meeting Date(s): _____

Time: From _____ To_____

Expected Attendance: _____

Purpose of Meeting: _____

_____

_____

Audio Visual Equipment: **Check if needed**

☐ Television   ☐ Laptop   ☐ Projector   ☐ Extension Cord   ☐ Microphone

Eligibility for use of meeting room requires ALL of the following be checked:

☐ **I have read and will comply with the library Meeting Room Policy.**

☐ **I will leave the facilities exactly as I found them in accordance with policy guidelines.**

☐ **I understand that while using the Library meeting room no admission may be charged, and no products or services may be advertised, solicited or sold.**

☐ **I will notify the Library within 24 hours in advance for cancellation.**

☐ **I agree that our I or my organization will be held financially responsible for any damages and or theft of Library property incurred by our use of the meeting room.**

☐ **I understand that failure to comply with the Library's policies may result in loss of privileges for future use of these meeting facilities.**

I, the undersigned, am an authorized representative of myself or the non-profit organization listed above. I have read and agree that I or our organization and its members will fully comply with the Butler Area Public Library Meeting Room Policies and Regulations. Should this application be granted, I or our organization agree to indemnify, hold harmless and defend the Butler Area Public Library against any and all demands, claims, damages, fees, costs, and liabilities of any kind (including but not limited to attorney's fee) to the fullest extent permitted by law.

Signature of Applicant and Responsible Person: _____

Date Signed: _____

Address: _____

Telephone: Home _____ Cell _____

Email: _____

Library Director's Approval:

Date Received: _____ Approved by:_____