

## Meeting Room Reservation

Please read the Meeting Room Policy before submitting this request. Complete this form to request a meeting room reservation. Once completed the form will be shared with the Board of Trustees at their next meeting. If the reservation is accepted, a confirmation will be sent to the person listed on this form. The reservation is not guaranteed until a confirmation is received.

Our meeting room does not have a phone line. It seats 12 people at a long table with room for a few additional chairs if needed. Our book sale is ongoing and occurs in the meeting room during library hours and occasional library programs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization \_\_\_\_\_

\_\_\_\_\_ Nonprofit organization \_\_\_\_\_ For-profit organization

Address \_\_\_\_\_

Your position with this organization \_\_\_\_\_

Purpose of meeting \_\_\_\_\_

Expected attendance \_\_\_\_\_

Date(s) requesting \_\_\_\_\_

Event start time \_\_\_\_\_ Event end time \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### Statement of Responsibility:

I have read the Brandywine Community Library (BCL) Meeting Room Policy and agree to abide by these and all other terms and conditions as set forth and hereby acknowledge receipt of the Policy. I understand the group shall assume financial responsibility for any equipment, clean up damages, overtime salaries or any other expenses incurred by the BCL. I understand the meeting room may not be used for solicitation to the public. I understand that we will be responsible for our group and its guests while using the library facilities. I agree to report any injuries or accidents occurring on the premises.

### Hold Harmless:

The requesting organization hereby agrees to indemnify, defend and hold harmless the BCL, its board members, employees and volunteers from any and all liability, claims, and damages (including personal injury) as a result of use of the library.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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### STAFF USE ONLY:

Date/Time Scheduled: \_\_\_\_\_

Donation Collected: N/A \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Check # \_\_\_\_\_

Date Confirmed: \_\_\_\_\_ Staff Signature: \_\_\_\_\_