

Library of the Chathams
MEETING ROOM RESERVATION FORM

Application Date _____

Name of Organization _____ Non-Profit For-Profit

Name of Contact Person* _____ Position in Organization _____

Address _____

Phone _____ (Day) _____ (Eve)

Email _____ * Must be aged 18 or older.

Program Information:

Date (if one date): _____ Hours: _____

Dates (if multiple dates): _____ Hours: _____

Type of Activity: _____

Expected Attendance: Adults _____ Children _____ Will light refreshments be served? _____

Requested: Benigno Meeting Room (max. 50 people) Lundt Meeting Room (max. 150 people)
 Woman's Club Room (max. 100 people) Quiet Study Room (max. 12 people)
 Gallery (not enclosed) (max. 15 people)

Speaker/Presenter (if applicable): _____

Topic: _____

Room Set-Up Desired:

Other Arrangements Desired:

We have read and agree to abide by Library of The Chathams' Meeting Room Policy including all Rules and Regulations governing the use of the Library meeting room, as well as all other policies and procedures of the Library. We also agree to defend and hold harmless and indemnify the Library of The Chathams, the Library Board of Trustees, Chatham Borough and Chatham Township, and all of their respective employees, appointed and elected officials, contractors, agents, volunteers and representatives, from and against any and all claims, loss, liability, damage and expense for property damage or personal injury, including death, or on any other basis, which might arise from the Authorized User's use of the Library's meeting rooms, including attorneys' fees and costs. We understand that the Library may require us to provide proof of insurance to cover any indemnification obligations and/or damage, and agree to provide such proof if requested. We further agree to assume responsibility for any damages, which may result from our use of the meeting room, agree to remove from the meeting room and all other areas of the Library all materials, furnishings, equipment, rubbish, etc., other than Library property, used or generated during our use of the meeting room, and that we may be responsible to reimburse the Library for any damage and/or excess cleaning costs.

The undersigned is authorized to execute this agreement on behalf of this organization.

Signature of Applicant _____ Date _____

Printed Name / Title _____

Please return completed form to the Circulation Desk at the library or email to meetings@chathamlibrary.org

Approved: _____ Date: _____