



Meeting Room Application

Date of Application _____

Name of Organization _____

Name/Title of Applicant _____

Address _____

Phone Number _____ Email Address _____

Purpose of Meeting _____

Requested Date of Meeting _____ Start & End Time of Meeting _____

Expected Attendance _____ people

Room Requested: **Blake Room** _____ **Conference Room** _____

Additional Information

I have read the attached Meeting Room Policy and agree to abide by its terms. In consideration of the above named organization and its members and invitees, being allowed to participate in the use of the Somers Public Library's meeting rooms and facilities, I do hereby forever release, acquit, discharge and hold harmless the Somers Public Library and its Board of Trustees and the Town of Somers and their employees, of and from any and all claims of personal injuries or property damage which the organization and its members and invitees may now or hereafter have resulting from the use of the meeting rooms by said organization, its members and its invitees of the Somers Public Library.

Applicant's Signature _____ Date _____

FOR LIBRARY USE ONLY:

Staff member confirming application and reservation _____

Comments

