APPLICATION FOR USE OF LIBRARY MEETING ROOM

Name of Organization ____________________________________________

Purpose/Function of Organization _________________________________________

Non-Profit_______ For Profit_________ For Profit use entails a fee. See #3 in Meeting Room Policy.

Address ____________________________________________________________

Phone: Day___________________ Evening____________________ E-mail_____________________

Date(s) of meeting(s) ___________________________________________________

Hour(s) of meeting(s) _________________________________________________

Purpose of meeting(s) ________________________________________________

Number of people expected to attend____________________________________

Will refreshments be served? ____________________________________________

Equipment needed? ____________________________________________________

I, ________________________ sign the Hold Harmless Agreement as my voluntary act and by this act represent that I am the authorized individual to represent the organization named herein. I agree to hold you harmless and indemnify you from claims, suits, or other actions arising from, caused by, or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held (as described above) on the dates listed above.

I understand that smoking and alcohol are strictly prohibited. Gambling is prohibited.

I also agree to provide a Certificate of Insurance and/or proof of Special Events Insurance, not less than 5 business days before the date of the planned activity. Said insurance shall be written with a company maintaining a rating of at least A- according to A.M. Best. Said policy shall be in an amount of not less than one million dollars ($1,000,000) per occurrence. It is understood that the Borough of New Providence or the New Providence Memorial Library will be listed as an additional insured on the policy and the certificate of insurance.

In the event that said certificate of insurance is not provided as set forth above, I recognize that event must be canceled and not be held as scheduled.

I agree to the Rules and Regulations for the Use of the Library Meeting Rooms.

Print Name ______________________________________ of person signing as responsible for the Organization.

Signature ___________________________ Date_____________________

Position in Organization ________________________________________________

For Library Use:

Approved_________________________________________ Date_____________________

Signature of the New Providence Memorial Library Director

Received insurance certificate (if applicable)____________________________________

Received custodial fee (if applicable)__________________________________________