



# Application and Agreement for Use of a Library Meeting Room

Group: \_\_\_\_\_

Detailed Description of Meeting: \_\_\_\_\_

\_\_\_\_\_

Individual Responsible: \_\_\_\_\_

Address/City: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Attendance Expected: \_\_\_\_\_

I have read this Application and Agreement and acknowledge receipt of the "Putnam County District Library Meeting Room Policy". I have read the Meeting Room Policy and I understand and agree to abide by the terms of use as listed.

I further understand and agree that I must remain in attendance at the meeting scheduled pursuant to this Application and Agreement and that I will be held personally responsible for the payment of any damages caused to library property or equipment.

Additionally, I shall maintain in full force and effect during the term of this possession agreement, comprehensive general liability insurance with bodily injury and property damage liability limits of not less than \$300,000 for an individual or \$1,000,000 for an organization. A certificate of insurance showing evidence of such coverage shall be filed with the Putnam County District Library.

I personally, and on behalf of the group I represent, agree to hold the Putnam County District Library, its staff and Board of Trustees, harmless for any damages or injuries to persons or property caused by my group or organization's use of Library facilities authorized by this Application and Agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

For Library Personnel

- Fee Waived
  - \$25 for 4 hours
  - \$50 for 8 or more hours
- Receipt # \_\_\_\_\_

- Certificate of Liability received
  - Coverage for Individuals at \$300,000
  - Coverage for Groups at \$1,000,000

Received By: \_\_\_\_\_

## Room Arrangement Form

Group: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Use of Computer:  Yes  No  
Use of Projector:  Yes  No  
Use of DVD Player:  Yes  No  
Use of Microphone:  Yes  No

Attendance Expected: \_\_\_\_\_

Refreshments Served:  Yes  No

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**Circle Choice of Room Arrangement:**

**U-Shape**  
(Attendees on one side of tables)

X X  
X X  
X X  
XXXXXX

**U-Shape**  
(Attendees on both sides of tables)

XX XX  
XX XX  
XX XX  
XXXXXX

**Theater**  
(Without tables)

XXXXXXXX  
XXXXXXXX  
XXXXXXXX  
XXXXXXXX

**Classroom**  
(With tables)

XXXXXXXX  
XXXXXXXX  
XXXXXXXX  
XXXXXXXX

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**Other Instructions:**

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