APPLICATION FOR ACCESS AND USE OF CML ACTIVITY ROOM

Organization:_____ **Meeting Date**:_____

Is this a Belchertown non-profit organization or community group? YES NO

Briefly describe the nature of your program: _____

_____

_____

Meeting Time
Event Time From:_____ To:_____

Total Time Involved From:_____ To: _____
(Total time involved from the time of set up to the time the room is vacated. Availability of the activity room is limited to the library's regularly scheduled opening hours. The room must be cleaned, reset to its original configuration, and vacated 15 minutes prior to the library's closing time.)

Estimated Attendance _____ (Maximum capacity is 20)

Will you need tables available? YES NO If yes, how many?_____

Will you need chairs available? YES NO If yes, how many?_____
The organization is responsible for all room set up and take down.

Will refreshments be served? YES NO

Individual Personally Responsible

Name:_____

Address:_____

Daytime Phone:_____ Evening Phone:_____

E-Mail:_____

I have read the agreement and agree to abide by the Activity Room Use Policy. The undersigned assumes all and exclusive responsibility for the preservation of order and sole and exclusive liability for any injury to persons, and damage to, or loss of property that may result from this use; and for the due observance of all rules and regulations of the Board of Trustees of the Clapp Memorial Library and acknowledges receipt of the rules and regulations regarding the use of the activity room.

_____ _____
Applicant's Signature Date

DO NOT WRITE BELOW THIS LINE ~ FOR LIBRARY USE ONLY
Meeting Approved YES NO

Approved by_____ Date Notified:_____

Check in: _____ Check out: _____ Total attendance: _____

Was the room cleaned and returned to its original setup with all trash removed? YES NO