

331. Meeting Room Application

Applicant Information

Name*: _____

Organization (if applicable): _____

Address: City/State/ZIP: _____

Phone: _____

Email: _____

Town Resident? Yes No

**Individual making the request must be a Seekonk resident*

Event Information

Event Title/Description: _____

Purpose of Event: _____

Date(s) Requested: _____

Time: From _____ To: _____

Number of Attendees (max 100): _____

Will refreshments be served? Yes No

Special needs/equipment requested: _____

Organization Information (check all that apply):

Has previously used the Library

Membership is predominantly from Seekonk

Can provide a certificate of insurance (if required)

Non-profit organization

Designated as tax exempt by the IRS

Acknowledgments (Please initial each):

_____ I acknowledge receipt of and agree to comply with the Library Meeting Room Policy.

_____ I understand that all events must take place during library open hours and the room must be vacated 15 minutes before closing.

_____ I understand the library may not be used as a mailing address for any non-library affiliated group.

_____ I accept full responsibility for setup, cleanup, and removal of trash.

_____ I agree to indemnify, release and hold harmless the Seekonk Public Library, the Town of Seekonk, its officials, employees, agents and representatives, from any and all claims, causes of action, damages, injuries, or demands arising out of use of the meeting room, and agree and acknowledge and agree to reimburse the Library for any property damage to the Library arising out of the use of the meeting room.

_____ I understand that smoking/vaping and alcohol are prohibited.

_____ I acknowledge that publicity must state: "This is not a library-sponsored event."

_____ I understand that the Library Director may deny or cancel reservations if Library Policies are violated.

Any false, misleading or incomplete statement on the application form shall be grounds to forbid the use of meeting rooms by the applicant group. Failure to comply with the Meeting Room Use Policy will result in withdrawal of meeting room use privileges.

Signatures

Applicant Signature: _____ Date: _____

Library Approval: ___ Approved ___ Denied

Library Staff/Director Signature: _____ Date: _____