

# 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