

# GARDINER PUBLIC LIBRARY

## Application for Permission to Use the Community Room

### Applicant Information:

Organization/Group/Committee Name: \_\_\_\_\_

Chief Officer/Group Organizer/Committee Chair: \_\_\_\_\_

Address: \_\_\_\_\_

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

Website: \_\_\_\_\_

### Meeting/Event Details:

Date of Meeting/Event: \_\_\_\_\_

Time of Meeting/Event: \_\_\_\_\_

Length of Meeting/Event: \_\_\_\_\_

Number of Attendees (approx): \_\_\_\_\_

Will this be a recurring Meeting/Event: Y/N

If Yes, how often: \_\_\_\_\_

Purpose/Description of Meeting/Event: \_\_\_\_\_

**The Library reserves the right to revoke and cancel any permission granted when such use may be deemed to be in conflict with the best interest of the Library. The Library Board of Trustees is not responsible for cancellation of the use of the Community Room due to inclement weather, power failure or any other emergency.**

### Applicant Signature:

I, the Applicant, hereby acknowledge that I have received and reviewed a copy of the Gardiner Public Library Community Room Policy and accept the provisions as set forth therein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

### For Library Use Only

Approved

Denied

Refundable Deposit Received(Private Event Only)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Private Use Deposit

Date Deposit Returned: \_\_\_\_\_ Date Letter Sent if Deposit Held: \_\_\_\_\_

2<sup>nd</sup> Deposit Received By: \_\_\_\_\_ Date \_\_\_\_\_ Balance Due: \_\_\_\_\_ Paid  \_\_\_\_\_