



**Manville Library Meeting Room Application Form**

*(Please complete all portions of this form except shaded portion below.)*

Name of Organization: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Meeting Date(s): \_\_\_\_\_ Alternate Date(s): \_\_\_\_\_

**Meeting Time:** From: \_\_\_\_\_ To: \_\_\_\_\_

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

**Contact information:**

SCLSNJ Card holders name *(printed)*: \_\_\_\_\_

Library Card #: \_\_\_\_\_

Office/Title in Organization: \_\_\_\_\_

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

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

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**ALCOHOLIC BEVERAGES ARE NOT PERMITTED; REFRESHMENTS MUST BE APPROVED IN ADVANCE**

I, the undersigned, am an authorized representative of the non-profit organization listed above. I am also a member of the Somerset County Library System. I have read the Manville Library Meeting Room Policies and Regulations and agree that our organization and its members will fully comply with the library's policies. I also agree that our organization will be held responsible for any damages to and/or theft of library property incurred by our use of the meeting area. Should this application be granted I agree to indemnify, hold harmless, and defend the Somerset County Library System against any and all demands, claims, damages, fees, costs and liabilities of any kind (including but not limited to attorney's fee) to the fullest extent permitted by law.

Approved Representative's (SCLSNJ cardholder) signature: \_\_\_\_\_

Approved Representative's (SCLSNJ cardholder) name *(printed)*: \_\_\_\_\_

**Please return completed application to:**

Manville Library  
 100 South. 10<sup>th</sup> Ave.  
 Manville, NJ 08835

Tel # (908) 722-9722  
 Fax # (908) 722-0631

MEETING ROOM USE:

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

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