**BRIDGEWATER LIBRARY**

MEETING ROOM APPLICATION

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

Name of Organization: 

Name of Individual Filing Application: 

Office/Title in Organization: 

Address: 

Telephone: Home  Cell 

Email: 

Meeting Date(s): 

Alternate Date(s): 

Time: From  To  Expected Attendance: 

Purpose of Meeting: 

Light Refreshments: Yes  No 

### **ALCOHOLIC BEVERAGES ARE NOT PERMITTED**

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 Bridgewater 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 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 (cardholder) signature: 

***(If using the fillable form application, a typed signature signifies your compliance with the above agreement.)***

Cardholder’s name (printed):  Parent/legal guardian’s signature if applicant is a minor: 

Library Card #: 

**Please return completed application to:**

**Meeting room use: Approved**  \_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Not approved**  \_\_\_\_\_\_\_\_\_\_\_

**Karen Telesco**

**BRIDGEWATER PUBLIC LIBRARY**

One Vogt Dr. Bridgewater, NJ, 08807

ktelesco@sclibnj.org, (908)526-4016 x147, FAX:(908)526-5221