## **DOWDELL LIBRARY MEETING ROOM RESERVATION**

Please read the Meeting Room Policy before completing this form. Please Print.

Date of app	olication	Program Date:	Program Hour(s):	
Name of O	rganization			
Contact #1	Name			
	Address			
	Phone (Day)		(Night)	
Contact #2	Name			
	Address			
	Phone (Day)		(Night)	
Brief descr	iption of the group	's purpose		
Purpose of	function			
			Children	
of south hold harmlemployees are the resolicensee, vorganizing, (as describe agreement	ess and indemnify or agents from an ult of any alleged isitor or other per assisting, enjoying ed above) on the con behalf of this or	will adhere to the City of South A y claims, suits, or other act or omission of an son present on the pro- g, supervising or in any late(s) listed above. The ganization.	ATIONS OF THE DOWDELL LID THE SAME. We also agree to de- mboy, the Dowdell Library, and an er actions arising from, caused by, on my organization, corporation, guest, emises for the purpose of participal y other way furthering the activity to the undersigned is authorized to exe	fend and ny of its or which , invitee, ating in, o be held
If you have	questions, please	contact the Director at	732.721.6060 or <u>comments@dowde</u>	ll.org.
For-Profi	1	lf Day < 3 hours (\$50)	Full Day < 7 hours (\$100) ommercial use of library space.	
Date			1	
Approved_		Disapprov	red	ev 2010