

DOWDELL LIBRARY MEETING ROOM RESERVATION

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

Date of application _____ Program Date: _____ Program Hour(s): _____

Name of Organization _____

Contact #1 Name _____

Address _____

Phone (Day) _____ (Night) _____

Contact #2 Name _____

Address _____

Phone (Day) _____ (Night) _____

Brief description of the group's purpose _____

Purpose of function _____

Expected Attendance: Adults _____ Children _____

Will refreshments be served? _____

I/WE HAVE READ THE RULES AND REGULATIONS OF THE DOWDELL LIBRARY OF SOUTH AMBOY AND WILL ADHERE TO THE SAME. We also agree to defend and hold harmless and indemnify the City of South Amboy, the Dowdell Library, and any of its employees or agents from any claims, suits, or other actions arising from, caused by, or which are the result of any alleged act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises for the purpose of participating in, organizing, assisting, enjoying, supervising or in any other way furthering the activity to be held (as described above) on the date(s) listed above. The undersigned is authorized to execute this agreement on behalf of this organization.

Signed _____

If you have questions, please contact the Director at 732.721.6060 or comments@dowdell.org.

FOR LIBRARY USE ONLY

For-Profit Group Rates: Half Day < 3 hours (\$50) -- Full Day < 7 hours (\$100)

Certificate of Insurance: \$1,000,000 required for commercial use of library space.

Date _____

Approved _____ Disapproved _____