

**BERNARDS TOWNSHIP LIBRARY
PROGRAM ROOM USE APPLICATION**

Organization or Group: _____

Designated Responsible Representative (DRR): _____

DRR's BTL Library Card No.: (required) _____

Home/Work Telephone No.: _____ Cell Phone No.: _____

Email: _____

Date and Time of Event: _____

Additional Dates/Times (if applicable): _____

Purpose of Meeting: _____

Number of Expected Attendees: _____

Set-Up Request: # of Tables _____

of Chairs _____

Please provide a detailed diagram on the back of this form showing desired arrangement of tables and/or chairs. If possible, the requested set-up will be provided.

___ Podium ___ Flag ___ Screen ___ Laptop Cart ___ Microphone

___ Built-in projector **Note:** Only available in Program Room B. **User must provide own laptop and adapter if other than VGA connection is required. An AV bag with technical instructions will be supplied. Library staff will not normally be available for technical support at the time of the program.**

Designated Responsible Representative Statement:

By signing below, I confirm that the organization/group I am representing is non-profit, is not attempting to generate income from this event, and attendance will be open to all, at no expense. I also confirm that I have read BTL's "Guidelines for Using Program Rooms" and "Patron Behavior Policy". I will comply with these guidelines and policy and ensure that attendees comply as well.

In addition, the organization/group I am representing agrees to indemnify and hold harmless the Bernards Township Library and Bernards Township, its officers, employees and agents from any loss, damage, liability, costs and/or expenses that may arise during or be caused in any way by use of the Library facilities and equipment by the group or invitees of the group.

Date: _____

Signature of DRR

Print Name