

BERNARDS TOWNSHIP LIBRARY
PROGRAM ROOM USE APPLICATION

Organization or Group: _____

Designated Responsible Representative (DRR): _____

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

Email: _____

Date and Time of Event: _____

Additional Dates/Times (if applicable): _____

Number of Expected Attendees: _____

ROOM SETUPS ARE NOT GUARANTEED. Please indicate your preferred setup:

of Chairs _____ # of Tables _____ Describe setup: _____

___ Podium ___ Laptop Cart ___ Microphone ___ Built-in projector *

* Only available in Program Room B. User must provide own laptop and adapter if other than HDMI connection is required. An AV equipment bag and technical instructions will be supplied in the room.

Library staff will not 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". I will comply with these guidelines and BTL's Patron Behavior 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