

APPLICATION FOR USE OF MEETING FACILITIES

(Please print or type)

Date of Proposed Use _____

from _____ to _____ (include AM or PM)

Name of Organization _____

Address _____

Contact Person _____

Home Phone _____ Business Phone _____

Nature of Proposed Use _____

Anticipated Attendance _____

I certify that I am an officer of the above named organization; that I have the authority to reserve the meeting facilities of the Fall River Public Library on its behalf; and that the above statements are true to the best of my knowledge and belief.

I hereby agree that the applicant will be responsible for any damage caused by the applicant to the library premises, furniture or equipment because of the use of said premises by the above applicant, and agree to pay for said damages as assessed by the Library Board of Trustees.

I have read and agree to abide by and uphold all rules and policies of the Fall River Public Library governing the use of the library premises or equipment, including regulations prohibiting charging an entrance fee, soliciting fees or donations, or limiting attendance.

I also agree to protect, save, and keep the City of Fall River, The Board of Trustees, the Library Administrator, their agents and employees forever free and harmless and indemnified against and from any and all loss, cost, or expense arising out of or from any accident or other occurrence causing injury to any person or property whomsoever or whatsoever as a result of the use of the above premises.

Signature

Date

Registration Approval: _____

Assistant Library Administrator