



Application for Use of a Meeting Room – Community Form

Please Submit 3 weeks Prior to Event

Room Reservations Are Not Final Until the Library Approves the Application

Library: _____ Today's Date: _____

Name of Organization: _____

Address: _____

Telephone Number(s): _____ Web Address: _____

Fax Number: _____ Email Address: _____

Name of Representative Making the Request: _____

Position in the Organization: _____

Purpose of the Meeting: _____

Brief History of the Group/Organization: _____

To give all organizations an opportunity to use the meeting rooms, groups may not reserve space on a regular basis for more than 3 months in advance.

Date and Time of Meeting: _____ Requested Room: _____

Day(s): _____ Hours: _____ to _____

Approx. Group Size: _____ # of Chairs Requested: _____ # of Tables Requested: _____

AGREEMENT

It is expressly understood that the Library has adopted certain rules applicable to the use of the Library meeting rooms, a copy of the Meeting Room Policy and such rules are attached. The undersigned has read and understands the terms of such Policy and rules and agrees, individually and as a representative of the group as a whole requesting use of such facility, to comply with the terms therein and said individual and group as a whole shall be liable for any noncompliance thereof, to include, but not limited to, any and all damage that may occur or fees or costs that may be incurred as a result of the use of the Library facilities. Said Policy and rules shall be binding upon such individuals and the group as a whole with the same force and effect as if written in and made a part of this Agreement. Further, the undersigned individual and the group as a whole requesting use of the Library facilities agree to indemnify and hold the County harmless from and against any and all losses, expenses, demands, and claims made against the County arising in any manner from such group's use of the Library facilities, whether such loss, expense, demand, or claim made against the County is caused by County's negligence or not.

Signature: _____ Printed Name: _____

For Office Use Only

Received by (library staff member): _____

Date received: _____

Light Refreshments: Yes _____ No _____

Caterer: _____

Kitchen: (if applicable) _____ N/A _____

Approval by Library Administrator/Branch Manager/Designee: _____

Date: _____

Central: Submit form via Fax: 315-435-8533; By mail: Onondaga County Public Library, Director's Office, 447 S. Salina Street, Syracuse NY 13202 Attention: Meeting Room Request; e-mail: meetingroom@onlib.org; or in person at the Customer Service Information Desk. For Branches: at the branch circulation desk.