

# Meeting Room Reservation Form

Name of the Group/Organization: \_\_\_\_\_

Date Needed: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
(please include time for set up and clean up)

Responsible Party for the Group/Organization (Required):

Name: \_\_\_\_\_ Alternate: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Person Paying the \$25 Use Fee (if different from Responsible Party): \_\_\_\_\_

Group Size/Expected Attendance: \_\_\_\_\_

Purpose of the Meeting: \_\_\_\_\_

Equipment Requested: \_\_\_\_\_

## **Applicant Accountability/Responsibility Agreement**

**The undersigned user of the Meeting Room has read the Wolfeboro Public Library Meeting Room Policy, understands and agrees to abide by the guidelines and rules described therein. Failure to abide by these rules may disqualify the group/organization from future use of the room. The user hereby indemnifies and holds harmless the Wolfeboro Public Library, its Library Board of Trustees and staff, the Town of Wolfeboro and its officials for any and all liability, which may arise from use of the premises. All Town of Wolfeboro ordinances and Library regulations must be strictly observed. Responsibility for observing all Meeting Room regulations is assumed by the person who signs this application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(A meeting that the responsible party or alternate cannot attend will be cancelled.)

Fee Collected: yes \_\_\_\_\_ no \_\_\_\_\_ date: \_\_\_\_\_ check #: \_\_\_\_\_ staff initials: \_\_\_\_\_

Trained on Equipment (include date): \_\_\_\_\_

Trained to Close Building: \_\_\_\_\_

**Wolfeboro Public Library  
259 South Main St., Wolfeboro, NH 03894  
phone: 603-569-2428 fax: 603-569-8180**