



APPLICATION FOR CONFERENCE ROOM USE

Organization or agency:

Name _____
Address _____
Telephone _____

Contact person:

Name _____
Telephone _____
E-mail _____

Purpose of meeting _____

Library hours Monday-Thursday 10:00AM – 8:00PM
 Friday-Saturday 10:00AM – 5:00PM
 Sunday 1:00 PM – 4:00 PM (September through May)

Date requested: _____
Time requested: Start of set up _____
 Program time _____
 End of Clean up _____

Note: All rentals that are scheduled toward the end of library hours must agree to be cleaned up and exiting the area 15 minutes before closing time.

Fee structure:

Select the statement that applies to your group:

- Non-Profit - no charge
- For-profit, up to 4 hours - \$50 charge
- For-profit, 4 or more hours - \$75 charge

Note: Non-Profit Organizations (NPOs): please send proof of your non-profit status with this application.

- If you are serving food & beverages there is a \$15 charge. Please include it in the check amount.
- If you need to rent a projector*, there is a \$20 charge. Please include it in the check amount.

*Presenter must supply their own device with HDMI port: laptop computer, tablet, smart phone, DVD player, USB thumb drive, streaming video, etc. Library offers free Wi-Fi. We recommend that you test your presentation as soon as possible after your date is approved. Contact Adam Button or Susan Gustafson with questions or to test your presentation: it@wvpl.org or 215-643-1320 x25.

If the equipment is damaged you will be charged the full replacement cost.

Is the organization insured? Yes No

Limits of Use

- Attendance is limited to 12 people, per order of the Fire Marshall.
- The conference room may not be reserved for use for recurring weekly, monthly, or other regularly scheduled meetings.
- Library staff will not be available to oversee the conference room during the rental.
- The organization will be required to set up the room for the desired use.
- The organization agrees to clean the area immediately after use and put all trash in proper receptacles.
- WVPL is simply the location of your event. Publicity for any event must clearly state that your organization is the SPONSOR and that the library is just the LOCATION.
- Do not include the library’s telephone number on flyer or in news releases.
- The date cannot be confirmed until the form, payment, and certificate of insurance are received. *Payment must be received a minimum of 14 days prior to the event.* Make check payable to the Wissahickon Valley Public Library.

Insurance and Hold Harmless

A certificate of insurance is delivered with this application for community room use with limits of at least \$500,000 each occurrence, \$1,000,000 aggregate, which lists the Wissahickon Valley Public Library, its board, employees and volunteers as additional insured. The requesting organization hereby agrees to indemnify, defend and hold harmless the Wissahickon Valley Public Library, its board, employees and volunteers from any and all liability, claims and damages (including personal injury) as a result of use of the library.

Statement of Responsibility (please initial)

_____ I have read the Wissahickon Valley Public Library’s Community Room Use Policy and agree to abide by the library’s rules. I understand that our group shall assume financial responsibility for any rental, cleanup, or damage fees. I understand that the conference room may not be used for sales or solicitation. I understand that we will be responsible for our group and its guests while using the library facilities. I agree to report any injury or accident occurring on the premises. I agree to abide by these and all other terms and condition as set forth in the Wissahickon Valley Public Library’s Community Room Use Policy and hereby acknowledge receipt of a copy of the meeting room use policy.

_____ I understand that our group is responsible for set-up of tables and chairs for the event, and clean-up of all trash after the event. I understand that our group must clean up and exit the area 15 minutes before closing time, and that the staff will use gentle reminders to ensure proper closing procedures.

Print Name

Signature

Title

Date

<i>For staff use:</i>	
Staff Initials _____	Date _____
Fee Collected \$ _____	
Certificate of Insurance: yes (attached) <input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>	