

MARY JACOBS MEMORIAL LIBRARY
MEETING ROOM APPLICATION



(Please complete legibly all portions of this form except shaded portion below)

Name of Organization: _____

Name of Individual Filing Application: _____

Office/Title in Organization: _____

Address: _____

Telephone: Home _____ Work _____

Cell _____

Email: _____

Meeting Date(s): _____

Alternate Date(s): _____

Time: From _____ To _____ Expected Attendance: _____

Purpose of Meeting: _____

Light Refreshments (*Permission must be requested*): Yes _____ No _____

ALCOHOLIC BEVERAGES ARE NOT PERMITTED

I, the undersigned, am an authorized representative of the non-profit organization listed above. I am also a member of the Somerset County Library System. I have read the Mary Jacobs Memorial Library Meeting Room Policies and Regulations and agree that our organization and its members will fully comply with the library's policies. I also agree that our organization will be held responsible for any damages to and/or theft of library property incurred by our use of the meeting area. Should this application be granted I agree to indemnify, hold harmless, and defend the Somerset County Library System against any and all demands, claims, damages, fees, costs and liabilities of any kind (including but not limited to attorney's fees) to the fullest extent permitted by law.

Approved Representative's (cardholder) signature: _____

Cardholder's name (printed): _____

Parent/legal guardian's signature if applicant is a minor: _____

Library Card #: _____

Please return completed application to:

Meeting room use:	Approved	_____
Date:	Not approved	_____

SANGEETHA RAMAIAH
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