

**Cook Memorial Library**  
**Meeting Room Use Application (Revised 3/14/16)**

Date: \_\_\_\_\_ Tamworth resident  or non-resident

Nonprofit/Town committee meeting  or private meeting/event

Name of organization or group: \_\_\_\_\_

Name of responsible party/group leader: \_\_\_\_\_

Tel # & E-Mail: \_\_\_\_\_

Do you wish to meet: once  twice  regularly each week  month  other ?

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Which room are you requesting?

- Upstairs front room (Max capacity: 25 chairs) (Private meeting, \$10/hr, min. 3 hrs)
- Lower level room (Max capacity: 55 chairs) (Private meeting, \$20/hr, min. 3 hrs)
- Ulitz Room (Max capacity: 12 chairs) (For use by nonprofits or Town committees only)

How many people will attend? \_\_\_\_\_ Handicap access needed? Yes  No

Refreshments served? Yes  No

Library equipment needed? Circle below

- |                        |               |        |
|------------------------|---------------|--------|
| Coffee/tea makers      | Thermos/urns  | Easel  |
| Ceiling-mounted screen | LCD Projector | Laptop |

**Hold Harmless Agreement:** The undersigned agrees to indemnify and hold harmless Cook Memorial Library and its trustees and employees from any and all loss, cost (including attorney's fees), damages, expense, and liability in connection with claims for property damage, bodily injury or death by any person which may arise out of the use of any meeting room on the premises of Cook Memorial Library, 93 Main Street, Tamworth, NH 03886.

I have received and read a copy of the Cook Memorial Library Policy governing the use of its meeting rooms, and a copy of the opening and closing procedures. My signature below signifies that my organization agrees to comply with the terms and procedures therein.

Responsible party signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: For library records, please fill out Use/Evaluation Form in meeting room with date, name of meeting, # of attendees, and any comments you may have. Thank you.*