

**EDISON TOWNSHIP FREE PUBLIC LIBRARY
APPLICATION FOR USE OF MEETING ROOM**

Complete and return to: Edison Township Public Library
340 Plainfield Avenue
Edison, New Jersey 08817

MEETING ROOMS SHALL NOT BE RESERVED WITHOUT A COMPLETED APPLICATION.

Branch location: _____ Date of application: _____

Applicant's name: _____

Applicant's address: _____

Name of organization requesting use: _____ Phone: _____

- Non-profit
- Profit
- Children's/Senior citizen group

Meeting date(s) requested (give actual dates): _____

Estimated attendance: _____ Meeting time: _____ am / pm to _____ am / pm

Type of meeting (film/lecture/discussion, etc.): _____

Attached to this application is an Insurance and Liability clause, which clause is hereby incorporated by reference herein and made part of this application.

APPLICANT HAS READ AND UNDERSTANDS THE LIBRARY'S MEETING ROOM POLICY AND REGULATIONS AND ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH ALL PROVISIONS SET FORTH HEREIN.

Signature of representative or adult sponsor of applicant

FOR LIBRARY USE:

Application approved: _____
(Date)

Fee: _____

Date paid: _____

Comments: _____

Signed: _____
Judith Mansbach, Library Director