

RETURN SIGNED FORM TO LIBRARY AT:

FAX: 978-692-4418

EMAIL: HPRITCHARD@WESTFORDMA.GOV

OR IN PERSON

J. V. FLETCHER LIBRARY MEETING ROOM RESERVATION REQUEST FORM

NOTE: *No room reservation is complete until a completed, signed ORIGINAL of this form is actually received by library staff. Please make a copy of this form for your files before submitting it, and confirm with the staff that your reservation has been booked.*

1. Name of Organization. The full name of the organization which seeks to use a meeting room is:

2. Address of Organization. The organization has a principal place of business at the following address:

Telephone No.: _____ email _____

3. Local Sponsor. The following resident of Westford, Massachusetts, who has signed below as "Sponsor", affirms that the use of the meeting room has a civic, educational, philanthropic, or recreational purpose with a substantial value to the community:

By: _____
(Sponsor's Signature)

Name: _____
(Print name)

Address: _____
Westford, MA 01886

Telephone No.: _____

4. Contact Person. In case the library staff need to contact the organization (for example, to cancel the meeting because of snow or flood), the following person should be called, and it will be his or her responsibility to notify all group members of any cancellation or other change concerning the meeting:

Name: _____
(Print Name)

Telephone No.: _____

Address: _____

email: _____

Note: the contact person need not be the same person identified in ¶ 3, above, as the Sponsor.

5. Type of Organization. The organization is the following (check one and fill in any applicable blanks):

___ a non-profit corporation incorporated in the state of _____

___ an unincorporated association

___ other (please describe: _____)

6. Past Meetings. The following is a complete list of the locations where the organization has held meetings during the past two (2) years:

<u>Name of Facility</u>	<u>Date</u>	<u>Address</u>	<u>Telephone No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach additional sheets if necessary.

7. Date and Time of Booking. The organization desires to reserve a meeting room for the following time(s) and date(s) and estimates the number of people who will attend the meeting as follows:

Date _____ Meeting Room _____ Start Time _____ End Time _____

Title of Program: _____ Size of Meeting _____

Date _____ Meeting Room _____ Start Time _____ End Time _____

Title of Program: _____

Content of Program: _____ Size of Meeting _____

Multiple Bookings are being made for the following Dates: _____

Attach additional sheets if necessary.

8. Indemnification. The undersigned organization hereby agrees to hold the Board of Library Trustees, and the Town of Westford, and all library staff, harmless from and to indemnify them against all costs, damages, losses, claims, and expenses incurred, directly or indirectly, as a result of such organization's use of a meeting room. Such costs, damages, losses, claims, and expenses shall include, without limitation, any damage to the meeting room or any other part of the library building, grounds or collection; the cost of employee overtime, if occasioned by the use of the meeting room; the cost of police protection, if deemed necessary by the Board of Library Trustees; and any claim asserted by any third person against the Board of Library Trustees, the Town of Westford, and/or any library staff on account of any alleged injury causally related to the meeting, together with defense costs including reasonable attorneys' fees.

9. Release. In consideration of the use of the meeting room, the undersigned organization, for itself and each and all of its members, hereby releases, remises and waives any and all claims which they, or any of them, ever will or may have against the Board of Library Trustees, the Town of Westford and/or the library staff for any injury to persons or damage to property suffered by such group or any of its members during or as a result of the use of the meeting room, except insofar as such injury or damage is directly and solely caused by the negligence or intentional misconduct of any person belonging to or acting on behalf of the Board of Library Trustees, the town government of the Town of Westford or the library staff.

10. Meeting Room Policy. The undersigned, on behalf of the organization, acknowledge(s) receipt of a copy of the Meeting Room policy of the Board of Library Trustees of the J. V. Fletcher Library and agree(s) to abide thereby.

Witness our hands and seals as of this _____ day of _____, 20____.

(Name of organization)

By: _____
(Signature)

Name: _____
(Print name)

Title: _____

Address: _____

Phone: _____

Meeting Space: Check One

Meeting Room
75 spaces

Mary Atwood Hall
50 spaces

Rooms will be assigned by Staff on an "As Available Basis"; groups may be relocated to the room most suitable for the group's size and function.

AV or other equipment needed:

Please: NO SMOKING. Also please dismantle the room and clean the kitchen area after use.
Thank you.

Date: _____

Staff: _____

GROUPS USING THE MEETING ROOM ARE RESPONSIBLE FOR:

- 📖 ADHERENCE TO:** Library Opening And Closing Hours and Instructions of Staff on Site, as well as all Library Policies
- 📖 SET-UP AND BREAK-DOWN:** Of All Chairs, Tables And Equipment
- 📖 CLEAN-UP:** Bagging Trash, Vacuuming After Craft Sessions Or When Food Is Served, Cleaning The Kitchen
- 📖 NO SMOKING**
- 📖 NOTIFYING THE LIBRARY:** Of Cancellations And Changes In Schedule

**THE LIBRARY RESERVES THE RIGHT TO PROVIDE ALTERNATIVE SPACE
WITHIN THE FACILITY**

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TWO INFRACTIONS WILL RESULT IN LOSS OF ROOM USE PRIVILEGES