



## Phoenixville Public Library Application for Use of Meeting Rooms 610-933-3013

Your meeting has been tentatively scheduled for the date(s) you have requested. This date(s) will be officially confirmed when the Business Office receives this form, room rental fee and Certificate of Insurance (if applicable). Make check payable to Phoenixville Public Library and mail to: Business Office Phoenixville Public Library, 183 Second Ave., Phoenixville, PA 19460. Form, rental fee and Certificate of Insurance (if applicable) must be received five (5) days prior to meeting (if not received within five (5) days prior to the program, the program will be cancelled).

**Fee Due:**     **Community Room** \_\_\_\_\_ \$100.00/non-profit or series \_\_\_\_\_ \$150.00/profit  
\_\_\_\_\_ **Waived**  
                 **Harrop Room** \_\_\_\_\_ \$75     \_\_\_\_\_ \$37.50 [1-4 Hrs.]     \_\_\_\_\_ \$25 [6+ x's per  
yr]

**Non-Profit Organizations please attach a copy of your IRS 501(c)(3) status.**  
**Certificate of Insurance** \_\_\_\_\_ yes     \_\_\_\_\_ no     \_\_\_\_\_ **Not Required**  
**Fee for Use of Library Equipment**     \_\_\_\_\_ yes     \_\_\_\_\_ \$50     \_\_\_\_\_ no

### ***PLEASE PRINT***

Applicant's Name

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Name of Organization

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Address

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Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ e-mail

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Room Requested \_\_\_\_\_ Community Room     \_\_\_\_\_ Harrop Room     \_\_\_\_\_ Approximate  
Attendance

Date(s) Requested \_\_\_\_\_ Starting Time \_\_\_\_\_ AM/PM     Ending Time  
\_\_\_\_\_ AM/PM

Description of Meeting

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Equipment Provided by Organization

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Equipment Provided by Library

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Internet Connection Needed \_\_\_\_ yes \_\_\_\_ no *If yes, you must contact the Director of Adult Services, x132.*

Will light refreshments be served? If yes, please list

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*I have read the policies governing the use of the meeting rooms and hereby agree, intending to be legally bound, for myself, the organization, the membership of the organization, and its guests, to adhere to and be bound by said policies, the terms, conditions and obligations of which are herein incorporated by reference as fully as though they were set forth at length herein, and acknowledge that the Library is relying upon this agreement in permitting the use of a Library meeting room. I also agree that I will make all members and guests aware of said policies of the Library's meeting rooms.*

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Signature of Applicant  
Date

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Printed Name of Applicant

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### STAFF USE ONLY

Date/Time \_\_\_\_ Scheduled \_\_\_\_ Confirmed  
Fee Collected \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ na Certificate of Insurance \_\_\_\_ yes (attached) \_\_\_\_ no  
\_\_\_\_ na  
Director of Adult Services contacted for Internet connection \_\_\_\_ yes \_\_\_\_ na \_\_\_\_ attach copy  
Date/Initials \_\_\_\_\_

### HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Phoenixville Public Library and its Board of Trustees, the Phoenixville Public Library Foundation and its Board of Directors and/or their employees and agents, as well as the Phoenixville Education Foundation, the Phoenixville Area School District, their Boards of Directors, their employees and agents shall not be liable to any group, organization, or person attending a meeting. Any group, organization and person, jointly and severally, hereby agrees to, and shall indemnify and hold harmless the Phoenixville Public Library and its Board of Trustees, the Phoenixville Public Library Foundation and its Board of Directors and/or their employees and agents, as well as the Phoenixville Education Foundation, the Phoenixville Area School District, their Boards of Directors, their employees and agents from any and all claims, suits, damages, losses or injuries which they may sustain, or are alleged to have sustained, while using the meeting room, including, but not limited to, use of a meeting room, kitchen facilities, rest room facilities and means of egress and ingress to the Library building and the meeting room.

Organization:

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Name (Please Print):

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Signature:

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Witness (Please Print):

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Witness Signature:

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