

Pennsauken Free Public Library

5605 N. Crescent Blvd.
Pennsauken, NJ 08110
(856) 665-5959 ext. 116
(856) 486-0142 (Fax)
events@pennsaukenlibrary.org

This Section For Library Use Only

Date & Time of Event(s):

AV Needs:

Date Submitted:

Date Approved:

**Rendle S. Willgoos Community Room
APPLICATION FOR USE**

Name of Responsible Party Requesting Use: _____

Library card # _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Organization name: _____

Type of organization: Library Related ___ Educational ___ Cultural ___ Recreational ___

Civic ___ Other (please specify): _____

Specific nature of meeting/event & activities to be conducted:

Date(s) Requested:

Are the dates listed above: potential dates for a single event? ___ , multiple dates for a single event? ____, or multiple dates for multiple meetings? _____

Setup Time: ___ **Meeting Time:** ___ **Break Down Time:** ___ **Total Time Needed:** ___

Other time considerations: _____

Anticipated attendance: ___ (Total room capacity is 99 seated and standing)

Are you requesting to use the full room? _____

Requesting Side A only (with kitchenette access): _____

Requesting Side B only (with projector and AV access): _____

No preference of side: _____

Equipment needs:

Tables _____ Chairs _____ Projector _____ DVD player _____ Laptop hookup _____

Microphone (cordless) _____ Hearing-Impaired Headsets _____

(If requesting use of the projector, the Program and Outreach Coordinator will be in touch to schedule a technology compatibility test).

Do you plan to offer refreshments? Yes _____ No _____

(All refreshments are to be furnished by the meeting organizers and may include hot and cold beverages and snacks)

Requesting use of kitchen facilities: Yes _____ No _____

In the name of the organization, _____,
I am applying for the use of the *Rendle S. Willgoos Community Room* in the Pennsauken Free Public Library. **I acknowledge that due to scheduling conflicts, it may be necessary to meet in only one half of the Community Room. I have read the Community Room Policy and agree to comply with all regulations, including but not limited to the policy requiring that meetings be open to the public at all times.**

Signature of Resident/Applicant: _____

Date: _____

Print Name: _____

Reservation: Approved _____ Not Approved _____ Date: _____

Signature: _____ OR _____
Tanya Finney Estrada, Library Director Director's Designee

Return completed application to the Library Director or their designee.

PLEASE KEEP COMMUNITY ROOM POLICY FOR YOUR RECORDS.

FORM REVISED and APPROVED BY THE BOARD OF TRUSTEES (4/26/2021)

I certify that I am an officer of the above named group, a Library cardholder in good standing, and that I have the authority to reserve the Community Room. The above statements are true to the best of my knowledge and belief.

I hereby agree that, as the resident-applicant, I will be responsible for any damage caused during the meeting to the library premises, furniture or equipment because of the use of said premises by the above organization, and agree to pay for (or arrange for payment of) said damages as assessed by the Library Board of Trustees.

I have read and agree to abide by and uphold all rules and policies of the Township of Pennsauken Free Public Library governing the use of the library, premises or equipment, including regulations prohibiting charging an entrance fee, soliciting donations, or limiting attendance.

I also agree to protect, save and keep the Township of Pennsauken Free Public Library, the Board of Trustees, the Township of Pennsauken, the Library Director, their agents, and employees forever free and harmless and indemnified against and from any and all loss, cost, or expense arising out of or from any accident or other occurrence causing injury to any person or property whomsoever or whatsoever as a result of the use of the above premises. If the group holds a Certificate of Insurability, please include the Pennsauken Free Public Library on said document and attach to this Application Form for approval. The non-profit group will be required to include an updated 'Certificate' for the life of its policy (presumably every 12 months) for continued Community Room eligibility.

I agree to notify the Director twenty-four (24) hours in advance of any cancellation and understand that repeated cancellations may cause forfeiture of the use of the Community Room.

I further understand that, if I have **requested the use of the kitchen** within the Community Room, a Library staff member will inspect the kitchen before and after use. I am responsible for all necessary serving and clean-up supplies. In addition, I am responsible for clean-up of the kitchen and any damages that may occur as a result of its use by anyone attending the meeting.

Name of Resident/Applicant: _____

Signature of Resident/Applicant: _____

Date: _____