

**BROCKTON PUBLIC LIBRARY**  
**APPLICATION FOR USE OF MEETING ROOM**  
(Please print or type)

Request is hereby made for the use of the Meeting Room

on \_\_\_\_\_, 20 \_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

West Branch (Capacity 112) \_\_\_\_\_  
East Branch (Capacity 112) \_\_\_\_\_  
Main Library Multi-purpose Room (Capacity 165) \_\_\_\_\_  
Main Library Trustees' Room (Capacity 12) \_\_\_\_\_  
Main Library Large Conference Room (Capacity 18) \_\_\_\_\_  
Main Library Small Conference Room (Capacity 6) \_\_\_\_\_

Name of applicant organization \_\_\_\_\_

Address \_\_\_\_\_

Reserved by \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Type of Organization: Library Related \_\_\_\_\_ Educational \_\_\_\_\_

Cultural \_\_\_\_\_ Recreational \_\_\_\_\_ Civic \_\_\_\_\_ other (explain) \_\_\_\_\_

Activities to be conducted \_\_\_\_\_

\_\_\_\_\_ Attendance expected \_\_\_\_\_

I certify that I am an officer of the above named organization, that I have the authority to reserve the meeting room, and that the above statements are true to the best of my knowledge and belief.

I hereby agree that the applicant will be responsible for any damage caused by the applicant to the library premises, furniture, or equipment because of the use of said premises by the above applicant, and agree to pay for 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 Brockton Public Library governing the use of 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 City of Brockton, the Board of Trustees, 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Approved \_\_\_\_\_

Phone: 508-580-7890

Set-Up Request

Our group will need:

\_\_\_\_\_ Chairs  
\_\_\_\_\_ Tables  
\_\_\_\_\_ Podium  
\_\_\_\_\_ A-V (please specify) \_\_\_\_\_  
\_\_\_\_\_ Kitchen