The Topsham Public Library provides its Highlands Community Room for community use, as per the Topsham Public Library Highlands Community Room Policy. The Topsham Public Library does not necessarily endorse, support or approve of any message, ideas or products by groups using this space.

Application Date ______________ Date of Meeting ______________

Time Needed: (include set-up and clean-up time) ______________ Actual Meeting Time __________

Group Name and Affiliation __________________________________________

Purpose of Meeting ________________________________________________

________________________________________________________________

________________________________________________________________

Number expected to attend ______________

Contact Person____________________________________________________

Address __________________________________________________________

Phone ____________________________________________________________

Email _____________________________________________________________

If the Library’s audiovisual equipment is needed, the group must designate one member to take responsibility for the understanding and operation of the AV equipment during the program.

Name of AV designee ____________________________________________

I have read and agree to abide by the Topsham Public Library Highlands Community Room Policy and understand that I accept liability for any damage to the facilities and/or equipment both, personally and on behalf of the organization. Furthermore, I agree to confine the organization’s activities to the assigned areas and, if refreshments are served I am responsible for all supplies and clean-up.

__________________________
(Signature of applicant)

(for office use only)

Approved______ Denied______ Initials______ Date______ Highlands