

Topsham Public Library Highlands Meeting Room Request Form

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