Application for Use of the Community Room At the Southwick Public Library

Applications must be received by the library at least 14 days prior to the proposed date. Please type or print the following:

Name of the Organization:		
Mailing Address of the Organization:_		
Name and Phone Number of Contact	Person:	
Brief Description of the Proposed Eve	ent:	
Anticipated Number of Attendees (no	more than 45)	
	-	the Community Room and the event must be nas been approved by the Library Board of
Please initial here to confirm that y	our group is a n	on-profit organization:
Check One:		
Application is for a one time us		•
Date: Beginning Time:_	Ending Tim	ne:
Application is for a regularly scl	heduled use of the	e Community Room
Day of the Week: Frequency		-
Beginning Time En		<u>y/</u>
<u> </u>		s cannot be scheduled for longer than 3
months in a row- at that tim	ie, a new applica	ation will need to be filed.
Check one:		
There will be no food or bevera	iges served or bro	ought in by participants
There will be beverages served	d and I agree that	the organization I represent will pay for the
cleaning of the carpet and/or chairs if	=	
· ·		·
There will be food that does no	t require cooking	and beverages served at this event and I agree
that the organization I represent will p	ay for the cleanin	ng of the carpet and/or chairs if such action is
deemed to be necessary.		
Lundaretand that submitting this application is not a c	confirmation that the room	n is available at the required time and that the Library Director will mail a
confirmation or rejection of this application within one consumption of alcohol on Library property. I understa	week of the date it is rec and that no tacks, nails, o brary's hours of operation	ceived at the Library. I understand that there is to be no smoking or or scotch tape are to be placed in or on doors, walls, or furniture. In or be scheduled for a time when the Library is not open. I understand
Signature	Date	-