



TREDYFFRIN PUBLIC LIBRARY

A TREDYFFRIN TOWNSHIP LIBRARY

582 Upper Gulph Road · Strafford, PA 19087

610.688.7092 · Fax: 610.688.2014

Meeting Room Request Form

Date of Meeting: _____ Number of Participants Expected: _____ Room Requested: _____

Start Time: _____ End Time: _____ (Please include time for set-up and breakdown)

Name of Applicant: _____

Organization: _____

For Profit Non-Profit Topic: _____

Address: _____

Phone: _____ Email: _____

Address/Phone/Email of Organization if different than applicant:

Do you plan to use:

Screen and Projector: YES NO Library Laptop: YES NO Personal Laptop: YES NO
Library WIFI: YES NO Microphone/Sound System: YES NO DVD/Blu-Ray: YES NO
Kitchen: YES NO

Rooms MUST be broken down and all participants MUST leave the building before the library's scheduled closing time.

I have read the policies governing the use of the library and meeting rooms and hereby agree, intending to be legally bound, for myself, the organization, the membership of the organization and its guests, to adhere to and be bound by said policies, the terms, conditions and obligations of which are herein incorporated by reference as fully as though they were set forth at length herein, and acknowledge that the library is relying upon this agreement in permitting the use of a library meeting room. I also agree that I will circulate the policies to all members and guests of the library meeting rooms.

Signature of Applicant _____ Date: _____

For Staff Use:

Hourly Rate: _____ Total time: _____ Amount payable: _____

Staff Initials: _____ Date: _____ On Calendar: