

Staff use: Date of Application: _____

<p style="text-align: center;">ACTON MEMORIAL LIBRARY FACILITIES USE PRELIMINARY APPLICATION FORM</p>
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This form must be filled out annually by an Acton resident.

Organization name: _____

Address: _____

Telephone: _____ Email: _____

Website: _____

Type of Organization: _____ non-profit corporation incorporated in _____

_____ unincorporated association

_____ Town Board or Committee

_____ other (please describe) _____

Purpose of the organization: _____

Chair: _____

Address of above: _____

Telephone: _____ Email: _____

Past Meetings: The following are the last three (3) locations where the organization has held meetings:

Name of Facility	Date	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liability

Groups using the meeting rooms are responsible for any costs incurred by the Library or the Town because of that use. The Library Director may require that a group post a bond to cover anticipated costs (such as security) in advance of the meeting. If the Library Director deems the presence of a police officer necessary or advisable, the group using the meeting space will hire one or more at their own expense.

Release

In consideration of the use of a meeting or conference room, the organization, and all of its

Over, please.

members hereby releases the Library Board of Trustees, library staff, and the Town of Acton from any claims of injury to persons or property suffered by the group resulting from the use of the meeting room.

Facilities Use Policy. The undersigned, on behalf of the organization, acknowledges receipt of a copy of the Facilities Use Policy of the Board of Library Trustees of the Acton Memorial Library and agrees to abide thereby.

(Signature) Date: _____

(Print name)

Title within organization: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Local sponsor: The following resident of Acton, Massachusetts, who has signed below as ‘Sponsor’, affirms that the organization’s use of the Meeting or Conference Room will be of a civic, cultural, educational, or philanthropic purpose with a substantial value to the community:

By: _____ Name: _____
(Sponsor’s Signature) (Print Name)

Address _____ Acton, MA 01720

Telephone: _____

Date signed: _____ In the presence of: _____

Identification shown: _____

Staff Use:

Date Application Approved: _____

Current Reservations Tracking:

Jan: _____ Feb: _____ March: _____ April: _____

May: _____ June: _____ July: _____ Aug.: _____

Sept.: _____ Oct.: _____ Nov.: _____ Dec.: _____