Pillsbury Free Library: Frank Maria Room Reservation Form

Date:				
Name of Individual or Group:				
Contact Person: (must be adult Warner card holder)				
Address:				
Phone: En	mail:			
Purpose of meeting and numbers of peop	ple expected:			
Requested Date or Dates, with times incl	uded for set up and clean up:			
0.0	oup must secure written permission from the se written permission must be given to the			
Request to <u>reserve</u> the following equipm	ent:			
Projector Laptop compu	uter Meeting OWL			
Other				
YES, Please list our event on the puhttps://www.warner.lib.nh.us/warner-ev				
Event start time:	End time:			
ž ž	Frank Maria Room Policy and understand the Failure to comply will result in cancellation of			
(See also Hold Harmless Agreement form	m)			
Signature of Responsible Person:	Date:			
Library Staff Signature:	Date:			

PILLSBURY FREE LIBRARY

HOLD HARMLESS AGREEMENT

To be completed when reserving the Frank Maria Meeting Room

As concerns the use of Pillsbury Free Library's Frank Maria Meeting Room, the undersigned agrees to indemnify and hold harmless the Town of Warner, the Pillsbury Free Library Board of Trustees and its employees from any and all loss, cost (including Attorney's fees), damages, expense and liability in connection with claims for property damage, bodily injury or death of any person which may arise out of the use of the Pillsbury Free Library and or equipment/furniture.

NAME OF INDIVIDUAL OR OFFICER OF ORGANIZATION (PRINT):

Print Name:	Date:
Signature:	
Organization:	
Received by Library Representative:	
Print Name:	Date:
Signature:	

CHECKLIST FOR USERS OF FRANK MARIA ROOM

- Kitchen and tables clean, excess trash and food removed.
- Tables and chairs, etc. put away or returned to original layout.
- All doors and windows locked, if library is closed when leaving.
- Thermostat returned to normal setting by pressing "schedule."
- Complete and leave this checklist, and keys (if issued).
- Lights off.

Note: If you set the alarm and exit, DO NOT re-enter: Call Nancy 456-3661

Individual or Organization Name:					
How many people a	ttended your event?	?:			
Comments:					
Staff Use Only:					
Date Keys Picked Up:	Key Number:	Staff Member Initials:	No keys Needed:		
Date Keys Returned:	Staff Member Initials:	Condition of Room Checke	d: Notes:		