

MARION COMMUNITY ROOM



Application Form

Today's Date: _____

- Programs involving the sale, advertising and promotion of products or services, are prohibited.
- Political campaign activity is prohibited.
- No admission fees or registrations fees, donations or money solicitation may be sought from attendees unless the library co-sponsors the program.

EVENT INFORMATION

Date Requested: _____

Time Requested : _____

General Description of Use: _____

Estimated Attendance: _____

Non-Profit Organization / 501(c)(3) **Yes** or **No**

NY DOS ID # _____

PLEASE CHECK:

I have read and will comply with the Marion Community Meeting Room Policy and Guidelines.

I will leave the room and the building secure according to the instructions.

I will notify the library 24 hours before cancellation of event.

I understand that failure to comply with the stated policies may result in the loss of security deposit and/or meeting room use privileges.

PERSONAL INFORMATION

Full Name : _____

Phone: _____

Email : _____

Address : _____

Town: _____

He/She on behalf of the organization does hereby covenant and agree to defend, indemnify and hold harmless the Marion Library from and against any and all liability, loss, damages, claims, or action (including costs and attorney fees) for both bodily injury and/or property damage, to the extent permissible by law, arising out of, or in connection with the actual or proposed use of the Town of Marion's property, facilities and/or services by the organization.

Signature: _____

FOR STAFF USE

Approved by: _____ Date: _____

Key Pick Up Date: _____

\$50 Fee Rec'd: cash or check # _____

\$75 Clean Deposit Rec'd: cash or check # _____

\$65 Non-Res. Fee Rec'd: cash or check # _____

Fee N/A

Date Deposit Returned: _____ Staff Initials: _____