

# CHESTER COUNTY LIBRARY SYSTEM

## Application for Use of Meeting Rooms- Application is good for one year

Type of Organization (Circle one):

Non-Profit (will need copy of 501c3)

Government Agency

For-Profit

Name of Group/ Organization/Firm:

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Contact Person/ Library Card Holder:

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Address/ Phone:

Meeting Date/Time:

Facility Requested (Check ONE):

\_\_\_\_\_ Jean M. White Room (up to 49 people) - Main

\_\_\_\_\_ Anne P. Collins Room (up to 12 people) - Main (no deposit needed, no food or drink)

\_\_\_\_\_ Lutz Foundation Room (up to 30 people) - Lewisville

\_\_\_\_\_ Great Falls Community Library Meeting Room (up to 30 people) - Great Falls

ALL USERS ARE RESPONSIBLE FOR SETTING UP THE ROOM PRIOR TO THE MEETING AND FOR RETURNING TO ORIGINAL CONDITION AFTERWARDS.

**The Library reserves the right to revoke meeting room privileges at any time. The undersigned, both individually and on behalf of the organization above, agrees to follow and abide by the signed copy of the Chester County Library Meeting Room & Code of Conduct Policies in their possession and inform participants of the same and accepts full liability for any damages.**

\_\_\_\_\_ I agree to pay the \$25.00 damage deposit

\_\_\_\_\_ I agree to pay the \$50.00 donation (For-Profit only).

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Phone (if not listed above): \_\_\_\_\_

FOR LIBRARY USE ONLY- Approved by: \_\_\_\_\_ Valid Until: \_\_\_\_\_

Deposit Received: \_\_\_\_\_ Staff: \_\_\_\_\_ Deposit Returned: \_\_\_\_\_ Staff: \_\_\_\_\_