## Meeting Room User Agreement Please Print Clearly

Organization:	
This group is a: (Check One)	
Non-Profit Group (501(c)(3)) Barrington or Other Government Entity	
Non-business-related club or group comprised mostly of Barrington residents Educa	ational Entity
NH Non-Profit (Proof of status may be requested)	
Address:	
Contact Name (Must be 18 or over):	
Phone Number:	
E-Mail Address:	
Expected Number of Attendees:	
Expected Age of attendees: Adults Teens Children	
Number of Adult Chaperones, if attendees are primarily teens or children:	_
Nature of the Meeting:	
Fees to Cover Costs: \$ (Please attach a detailed outline of fees with proof of supplied	es/instructor costs)
Check One: One Time Meeting Weekly Meeting Monthly Meeting	· · · · · · · · · · · · · · · · · · ·
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Dates and Times Requested:	
I agree to abide by all rules outlined in the meeting room use policy	
I will indemnify and hold the Library harmless from and against any and all claims, da	magaa liahilitiaa
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costs, and expenses, including reasonable attorney's fees, arising from my use of the Libra	=
I understand that as the person signing this contract, I am taking financial responsil	
which may occur during meeting room use and that I am the primary contact for library clo	
I understand that failure to follow the meeting room use policy may result in loss of p	orivileges.
Signature:	
Date:	
Staff Area:	
Application taken in by:	
Date: Approved: Not Approved:	
Reason:	
Forms should be submitted to: director@barringtonlibrary.com	