Meeting Room Use Application and Agreement Form

**FALMOUTH**  
PUBLIC LIBRARY  
MASSACHUSETTS

**ALL FIELDS ARE REQUIRED**

Name of Non-Profit Organization\*

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|  |

Type of Organization\*

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Address of Non-Profit Organization\*

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Purpose & Description of Meeting to be Displayed in Events Calendar\*

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Contact Person for the Organization\* E-mail address\*

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| --- | --- | --- |
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Address\*

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Date of Meeting\* Day of Week of Meeting\*

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| --- | --- | --- |
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Start Time\* End Time\* Number Attending\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Name of Person Submitting this Form\* Telephone Number\*

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By Submitting this Form, the Undersigned Organization, hereby releases, remises and waives any and all claims against the Board of Library Trustees, the Town of Falmouth and/or the Library staff for any injury to persons or damage to property suffered by such group or any of its member during or as a result of the use of the meeting room, except insofar as such injury or damage is directly and solely caused by the negligence or intentional misconduct of any person belonging to or acting on behalf of the Board of Library Trustees, the town government of the Town of Falmouth or the library staff.

**Email completed form to** [**lfarland@falmouthpubliclibrary.org**](mailto:lfarland@falmouthpubliclibrary.org) **&** [**jwoodward@clamsnet.org**](mailto:jwoodward@clamsnet.org)

**Please contact Falmouth Public Library at 508-457-2555 ext. 2963 if you do not receive a confirmation of your meeting room request within 1 working day**.