

# MEETING AND EVENT SPACE APPLICATION

## ORGANIZATION INFORMATION

ORGANIZATION NAME \_\_\_\_\_

ORGANIZATION DESCRIPTION \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

ORGANIZATION TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## CONTACT PERSON

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## EVENT INFORMATION

PURPOSE/DESCRIPTION OF EVENT: \_\_\_\_\_

FACILITY REQUESTED: \_\_\_\_\_ COMMUNITY ROOM \_\_\_\_\_ GAZEBO/PARK \_\_\_\_\_ STUDY ROOM \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ NUMBER OF PEOPLE EXPECTED: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN (SUPERVISION REQUIRED)

EVENT TIME (INCLUDE SET-UP AND CLEAN-UP TIME) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

KITCHEN FACILITIES REQUIRED: \_\_\_\_\_ YES \_\_\_\_\_ NO

FOOD/ BEVERAGE PLAN (**ALCOHOL & SMOKING NOT PERMITTED**): \_\_\_\_\_

IF CLEAN UP IS NOT COMPLETED OR ANY DAMAGES ARE INCURRED, A CUSTODIAL/DAMAGE FEE WILL BE CHARGED.

## INDEMNIFICATION CLAUSE

APPLICANT AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE PROPERTY OWNERS, PATTERSON LIBRARY, THE LIBRARY TRUSTEES, THE LIBRARY DIRECTOR, AND STAFF FROM AND AGAINST ALL LIABILITIES, DAMAGE. LOSS CLAIMS, DEMANDS, AND ACTIONS WHICH ARISE OR ARE CLAIMED TO ARISE OUT OF OR BE CONNECTED WITH THE PREMISES AND MEETING FUNCTION INCLUDING, WITHOUT LIMITATION, ALL LIABILITY, LOSS, CLAIMS, DEMANDS AND ACTIONS ON ACCOUNT OF PERSONAL INJURY, DEATH, OR DAMAGE TO PROPERTY. APPLICANT WILL BE RESPONSIBLE FOR ALL COSTS, FEES AND DISBURSEMENTS ASSOCIATED THEREWITH, INCLUDING ALL ATTORNEY AND INVESTIGATIVE FEES.

IN THE EVENT THAT THE SAID PATTERSON LIBRARY PROPERTY SUFFERS ANY LOSS WHATSOEVER, AS A RESULT OF OUR USE OF THE PREMISES, WE FURTHER AGREE TO FULLY INDEMNIFY PATTERSON LIBRARY FOR ANY SUCH SUFFERED LOSS.

NAME (PLEASE PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I HAVE READ AND UNDERSTAND THE ATTACHED PATTERSON LIBRARY MEETING AND EVENT SPACE POLICY, AND I AGREE TO ABIDE BY ALL OF THE STATED RULES AND REGULATIONS (YOUR SIGNATURE IMPLIES YOUR AGREEMENT WITH THIS POLICY).

NAME (PLEASE PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY—MEETING & EVENT SPACE FEE FOR NON-PATTERSON ORGANIZATIONS IS \$50/HOUR.**

DATE RECEIVED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_ CASH: \_\_\_\_\_ /CHECK #: \_\_\_\_\_ INSURANCE CERTIFICATE RECEIVED: \_\_\_\_\_

POST INSPECTION: ROOM LEFT IN ORDER: \_\_\_\_\_ CHARGE CUSTODIAL FEE: \_\_\_\_\_

NOTES: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

PATTERSON LIBRARY  
ATTN: BUSINESS OFFICE  
PO BOX 418  
PATTERSON, NY 12563