

## FRANKFORT PUBLIC LIBRARY DISTRICT MEETING ROOM APPLICATION AND AGREEMENT

Date:				
As(Officer or Authorized Re	oresentative)	_of(Organization)		
I request permission to us at the time indicated:	se the meeting	g room of the Frankfort P	Public Library on the	date below,
Date(s) of Meeting	Day	Time From:	To:	
Date(s) of Meeting	Day	Time From:	To:	
Purpose of the Meeting				
Name of Organization				
Address		City	Zip	
Name of Officer or Author	rized Represe	entative		
Address		City	Zip	
Library Card No				
Home Phone		Cell Phone		
EMAIL:				
FEE SCHEDULE:				

Not-for Profit/Education/Government - In District	No Fee	
Not-for Profit/Education/Government - Out of District	\$50.00	
For Profit Organization - In District	\$100.00	
For Profit Organization – Out of District	\$200.00	
There is an additional \$25 fee for all organizations if there will be food of any kind.		

I understand that this payment is required 72 hours prior to meeting time. Until the reservation fee is received by the Library, the reservation is not guaranteed.

I understand the meeting room must be cleaned and vacated by 15 minutes prior to closing.
I understand that the capacity of one meeting room is 50 people. The combined meeting rooms (A & B) will hold 100. I expect an attendance number of for this meeting.
I understand that the following furniture will be available for our usage and it is my responsibility to set-up /break down furniture:
5 Tables (Per Side of Room) 50 Chairs (Per Side of Room)
I hereby acknowledge that I have reviewed and understand the Frankfort Public Library policies, rules and regulations governing the use of the meeting rooms. I, individually and on behalf of, agree to abide by all policies, rules and (Organization)
regulations regarding our use of the rooms. Further, I understand that all parties in attendance is subject to all other Library rules, regulations, and policies, including, but not limited to, the Patron Behavior Policy and Unattended Children Policy.
I, individually, and on behalf ofdo hereby agree
(Organization) to indemnify and hold harmless the Frankfort Public Library, as well as their respective officials, officers, Trustees, employees, servants and agents, from any and all claims, demands, causes of action and any and all other expense, including attorney's fees, should any be incurred arising from or during the course of our use of the room pursuant to this application.
I shall also be responsible for any and all damage caused to the Library building, the premises, and Library equipment and other personal property, whether said damage is negligently or willfully caused as a result of our use of the meeting room.
I agree to be present at the meeting.
REPRESENTATIVE SIGNATURE
DATE
Application received in Business Office onby Applicationapprovednot approved Date
Signature of Staff Member :
Notificationphoneemailmail dateby