

APPLICATION FOR CONFERENCE ROOM USE

iency:
g
Monday-Thursday 10:00 AM – 8:00 PM
Friday-Saturday 10:00 AM – 5:00 PM
Sunday 1:00 PM – 4:00 PM (September through May)
Start of set up
Program time
End of Clean up

Note: All rentals that are scheduled toward the end of library hours must agree to be cleaned up and exiting the area 15 minutes before closing time.

Fee structure:

Select the statement that applies to your group:

- □ Non-Profit no charge
- □ For-profit, up to 4 hours \$50 charge
- □ For-profit, 4 or more hours \$75 charge

Note: Non-Profit Organizations (NPOs): please send proof of your non-profit status with this application.

□ If you are serving food & beverages there is a \$15 charge. Please include it in the check amount.

Is the organization insured?	Yes 🗆
------------------------------	-------

No 🗆

Wissahickon Valley Public Library 650 Skippack Pike, Blue Bell, PA 19422 Contact: Danielle Martin 215-643-1320 x 15 | <u>dmartin@wvpl.org</u>

Limits of Use

- Attendance is limited to 12 people, per order of the Fire Marshall.
- The conference room may not be reserved for use for recurring weekly, monthly, or other regularly scheduled meetings.
- Library staff will not be available to oversee the conference room during the rental.
- The organization will be required to set up the room for the desired use.
- The organization agrees to clean the area immediately after use and put all trash in proper receptacles.
- WVPL is simply the location of your event. Publicity for any event must clearly state that your organization is the SPONSOR and that the library is just the LOCATION.
- Do not include the library's telephone number on flyer or in news releases.
- The date cannot be confirmed until the form, payment, and certificate of insurance are received. *Payment must be received a minimum of 14 days prior to the event*. Make check payable to the Wissahickon Valley Public Library.

Insurance and Hold Harmless

A certificate of insurance is delivered with this application for community room use with limits of at least \$500,000 each occurrence, \$1,000,000 aggregate, which lists the Wissahickon Valley Public Library, its board, employees and volunteers as additional insured. The requesting organization hereby agrees to indemnify, defend and hold harmless the Wissahickon Valley Public Library, its board, employees and volunteers from any and all liability, claims and damages (including personal injury) as a result of use of the library.

Statement of Responsibility (please initial)

I have read the Wissahickon Valley Public Library's Community Room Use Policy and agree to abide by the library's rules. I understand that our group shall assume financial responsibility for any rental, cleanup, or damage fees. I understand that the conference room may not be used for sales or solicitation. I understand that we will be responsible for our group and its guests while using the library facilities. I agree to report any injury or accident occurring on the premises. I agree to abide by these and all other terms and condition as set forth in the Wissahickon Valley Public Library's Community Room Use Policy and herby acknowledge receipt of a copy of the meeting room use policy.

I understand that our group is responsible for set-up of tables and chairs for the event, and clean-up of all trash after the event. I understand that our group must clean up and exit the area 15 minutes before closing time, and that the staff will use gentle reminders to ensure proper closing procedures.

Print	Name	Signature	
Title		Date	
	For staff use: Staff Initials Fee Collected \$	Date	
	Certificate of Insurance: yes (attached)	no 🗆 N/A 🗆	

Wissahickon Valley Public Library 650 Skippack Pike, Blue Bell, PA 19422 Contact: Danielle Martin 215-643-1320 x 15 | dmartin@wvpl.org