Harwinton Public Library

Activity Room Agreement

The capacity of the Activity Room is 49.

PURPOSE OF MEETING			
NAME OF ORGANIZATION			
ADDRESS			
PHONE CONT	FACT PERSON		
š			
DAY & DATE OF MEETING	TIME: FROM	TO	
(EX: MON 12/11/18)			
DAY & DATE OF MEETING	TIME: FROM	TO	
DAY & DATE OF MEETING	TIME: FROM	TO	
SIZE OF GROUP	WOULD YOU LIKE TO USE OUR PROJECTOR?*		
*IF YES, YOU WILL NEED TO ATTEND A ONE-TIME	ME TRAINING SESSION BEFORE MEETIN	NG.	
PLEASE BOOK THIS TODAY WITH LIBRARY STAI	FF.		
LIBRARIAN'S SIGNATURE	DATE		
The undersigned, on behalf of the above organization, has use of the Library's Activity Room. The applicant also a to confine the organizations activities to the assigned roo equipment left in the building by users.	accepts full liability for any damages to the fa-	cilities or equipment, and agrees	
USERS SIGNATURE	DATE	DATE	
The group must provide their own refreshm cleaning supplies may be brought in by your	ents and are responsible for clean-u group, per OSHA requirements.	p. No chemicals or Only washable paint and	

markers may be used in the Activity Room. Please use a drop cloth to protect floors when painting.

Rev 11/22/24