

ABINGTON PUBLIC LIBRARY

MEETING ROOM and DISPLAY AREA APPLICATION FORM

Name of Organization: _____

Purpose of Organization: _____

Chairperson: _____

Contact person for this meeting:

Title: _____

Address: _____

Tel. No. _____ Business Tel. No. _____

Date requested: _____ Times: Starting _____ Closing _____

Facility needed: _____

Material needed:

Screen: _____ TV/VCR: _____

Table: _____ Number: _____

Chairs: _____ Number: _____

I have read the meeting room/display area regulations, and agree that the

_____ will abide by them and accept
(name of organization)

responsibility for any damage incurred. It is also understood that the library does not maintain special insurance coverage and may not be held responsible for any damage to displayed items.

Signed: _____

Date: _____

