THORNBURG COMMUNITY ROOM APPLICATION

Name of Organization:	
Name of Representative:	
Address:	
Phone Number:	
Email:	
Date Requested:	
Time (Beginning to End):	
Purpose for Use:	
Estimated Number to Attend:	
Organization Type (circle one):	For-Profit Non-Profit

AGREEMENT AND LIABILITY STATEMENT

The undersigned representative affirms that they have read and agree to abide by all **Thornburg Community Room policies and rules**.

The applicant and organization accept **full liability** for:
- Any **damage to library or personal facilities and/or equipment**
- Any **personal injury** incurred during or as a result of use of the facility

The applicant agrees to:
- **Pay for any damage** to library facilities or equipment
- **Arrange the room** as needed for their event and **return it to its original state** afterward - **Pay for any janitorial services** required due to their use

Applicant Signature:		Date:	
Library Representative Approval (Goodall Library):		Date Approved:	