



APPOMATTOX REGIONAL LIBRARY SYSTEM
209 EAST CAWSON STREET, HOPEWELL, VIRGINIA 23960

MEETING ROOM APPLICATION

Organization or group name: _____

Contact person: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip code: _____

The undersigned, on behalf of the above named organization or group, has read the Appomattox Regional Library System Public Services Policy concerning Use of Library Meeting Rooms. The undersigned understands and agrees to comply with all provisions of this policy. Failure to abide by these rules may disqualify the organization from future use of meeting rooms. The undersigned assumes all responsibility for the preservation of order and the sole responsibility for any injury to persons, damage to Library facilities or Library or personal property, or loss of Library or personal property that may result from this use. The undersigned hereby indemnifies and holds harmless the Appomattox Regional Library System, its Library Board, and provider agency employees and volunteers from all liability directly or indirectly related to an event or meeting held at an Appomattox Regional Library under this application.

Authorized Representative Signature: _____

Date: _____

This application will be kept on file for one year at which time a new application must be signed for continued use of meeting room spaces.