BERNARDSVILLE PUBLIC LIBRARY
1 Anderson Hill Road, Bernardsville, NJ 07924

ROOM RESERVATION FORM

Application Date _____________________

Name of Organization ___________________________________________  Non-Profit ☐ Yes ☐ No

Name of Contact Person _________________________________________ Position in Organization ________________

Organization Address __________________________________________________________________________________

Phone ____________________________ (Day) ____________________________ (Eve)

Email ________________________________________________________________________________________________

Program Information:

Date(s): ___________________________________________ Hours: ____________ to ____________

Type of Activity: _____________________________________________________________________________________

Expected Attendance: Adults ________ Children ________ Will refreshments be served? ________

Space Requested: Side A (pantry) _______ Side B _______ Whole Room _______ Other ________

Attendance is limited to 35 persons for half the Community Room and 85 for the whole Community Room.

We have read and agree to abide by the Bernardsville Public Library's policies and procedures governing the use of the Library's Community Room. We also agree to defend and hold harmless and indemnify the Borough of Bernardsville and any of its employees or agents from any claims, suits, or other actions arising from, caused by, or which are the result of any alleged act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the Library premises for the purpose of participating in, organizing, assisting, enjoying, supervising or in any other way furthering the activity to be held (as described above) on the date(s) listed above.

The undersigned is authorized to execute this agreement on behalf of this organization.

Signature of Applicant ______________________________ Date __________________

Name, Title ____________________________________________________________________________________________

Please return this completed form to the Library or email it to rooms@bernardsvillelibrary.org, no less than 30 days before your scheduled use of the room, along with:

☐ Certificate of Insurance, $1,000,000 or more (if applicable)

If you have questions, please call the Bernardsville Library at 908-766-0118 and ask for Room Reservations.

Approved: ___________________________________________ Date: ________________

A copy of this application will be mailed to you as confirmation if requested.