

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.