



APPLICATION FOR PROGRAM ROOM USE

Permission is hereby requested for use of the Program Room and other equipment as noted below. The person signing this application has read *THE WOBURN PUBLIC LIBRARY'S PROGRAM ROOM POLICY* and pledges the cooperation of the community group, organization, or business they represent. The signer assumes personal responsibility for discipline and reasonable care of the meeting room and equipment and furnishings therein during the use of the room. The Woburn Public Library Board of Trustees, the Library, and/or the City of Woburn will not be responsible for injury of persons or property while the building and grounds are used by any non-library entity.

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Phone Number: _____

Email Address: _____

GROUP/ORGANIZATION INFORMATION

Name of Community Group, Organization, or Business:

Please select one:

☐ This is a community group or non-profit organization.

Please email a copy of the organization's 501(c)(3) determination letter to librarydirector@cityofwoburn.com. Applications from non-profit entities will be considered incomplete until receipt of the 501(c)(3) determination letter.

☐ This is a business.

Please email librarydirector@cityofwoburn.com a certificate of insurance affording the following coverages: General Liability of at least \$1,000,000 Occurrence/\$2,000,000 General Aggregate. The City should be named as an Additional Insured.

Is this community group, organization, or business based in Woburn? ☐ Yes ☐ No

I acknowledge a fee will be assessed if my community group or organization is based outside of Woburn or if I am representing a for-profit business based in or outside of Woburn. All fees must be paid in advance by check to the Woburn Public Library, once the applicant receives email approval for the scheduled Program Room use.

Please initial here: _____

REQUEST INFORMATION

60 seat Program Room - \$100/hour, including set-up and break-down.

Date of Meeting: _____

Time of Meeting: _____
(Including set-up and break-down time) _____ to _____

Number of Expected Attendees: _____

Purpose for which Program Room use is requested:

Equipment Requested for Program Room (must be requested at time of application):

- | | |
|--|--|
| <input type="checkbox"/> Ceiling-mounted projector | <input type="checkbox"/> Drop-down screen |
| <input type="checkbox"/> Sound system | <input type="checkbox"/> Assisted listening system |
| <input type="checkbox"/> Blu-ray player | <input type="checkbox"/> Portable whiteboard |

Room Setup Details:

Signature of Applicant: _____ **Date of Application:** _____

This application must be submitted, and payment received, at least seven (7) business days before the scheduled Program Room use. If an applicant must cancel a Program Room reservation, at least three (3) business days' notice should be given. Refund of fees will only be provided if notice of cancellation is given at least three (3) business days in advance. Monday, Tuesday, Wednesday, Thursday, and Friday are considered business days.

FOR LIBRARY USE ONLY

PERMISSION GRANTED: ☐ YES ☐ NO

By: _____ Date: _____