



# The Gafney Library

## Community Room Use Application & Agreement to Policy

Date of Application: \_\_\_\_\_ Applicant (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different than street address): \_\_\_\_\_

Alternate contact if Applicant cannot be reached: \_\_\_\_\_

Phone and email: \_\_\_\_\_

Non-Profit?  Yes  No Name of Nonprofit: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Estimated Attendance (maximum 50): \_\_\_\_\_

Time: From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm *(Please allow time for setup, breakdown, and cleanup.)*

**Gafney Library does not provide consumable items such as paper, pens, or markers.**

I have read Gafney Library's Meeting Room Use Policy. By signing this document, I agree to comply with all policies, rules and procedures detailed in said document. I accept responsibility for the use of the Gafney community room. I understand that the Gafney reserves the right to impose reasonable and actual administrative costs on the user, including but not limited to necessary security, clean-up, and traffic management costs so that same are not borne by the Gafney.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANT

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
DIRECTOR OR DESIGNEE