

Memorial Library of Nazareth and Vicinity  
295 East Center Street  
Nazareth, PA 18064

## Meeting Space Reservation Form

Please return complete forms to the Main Circulation Desk, directed to the  
Attention of the Circulation Desk Supervisor

Organization, Group, or Individual Name: \_\_\_\_\_

Library Cardholder's Name: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

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

Description of Meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment Needs (projector, screen, microphone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Audience of Meeting (circle all that apply): Children Teens Adults

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_ to \_\_\_\_\_

Community Groups or Individuals: Re-occurring Meetings:

Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

**Space Selection** Select one of the following. **Note: all applicable fees as defined in the Meeting Space Policy must accompany this completed form.**

Small Meeting Room (Basement Level)/Maximum Capacity 10 \_\_\_\_\_

Large Meeting Room (Basement Level)/Maximum Capacity 30 \_\_\_\_\_

How will the attendance be monitored to comply with room capacity limitations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will refreshments be served? \_\_\_\_\_

If yes, describe what is planned.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select one:

Individual

Tutor

Community Group

Non-Profit Organization

For-Profit Organization

**Statement of Responsibility** I have read the Meeting Space Reservation Policy for the Memorial Library of Nazareth and Vicinity and agree to abide by its rules. I understand that my group shall assume financial responsibility for any equipment, rental, clean-up, damages, security, or other fees at the Library Director's discretion. I understand that I will be responsible for my group and its guests while using the library facilities. I agree to report any injury or accident occurring on the premises. I agree to abide by these and all other terms and conditions as set in the Memorial Library of Nazareth and Vicinity's Meeting Space Policy.

**Insurance and Hold Harmless** A certificate of insurance, if applicable to my group, is delivered with this Room Reservation Form with limits of at least \$500,000 for each occurrence which lists the Memorial Library of Nazareth and Vicinity, its board members, employees, and volunteers as additional insureds. The requesting organization hereby agrees to indemnify, defend, and hold harmless the Memorial Library of Nazareth and Vicinity, its board members, employees, and volunteers from all liability, claims, and damages.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Office Use Only**

Rental fee (See Meeting Space Policy): Amount \_\_\_\_\_ Payment Received: \_\_\_\_\_

Certificate of Insurance Received if applicable: Yes or No Date Received: \_\_\_\_\_

Approved by the Memorial Library of Nazareth and Vicinity Library Board on Tuesday, March 26, 2024.