Cherry Hill Public Library ~ Meeting Room Application

Requests to use a meeting room must be:
1. Submitted in writing using the application and Hold Harmless Agreement below.
2. Submitted at least two weeks prior to the meeting date.
3. Returned to: Valerie Carita, Cherry Hill Public Library, 1100 Kings Highway North, Cherry Hill, NJ 08034 or by email vcarita@chplnj.org or fax 856-667-9503.

Questions? Call 856-903-1205

Date of Application __________________________ PO# (if applicable) __________________________

Organization __________________________________________ Phone # __________________________

Organization Address __________________________________________________________________________

E-mail __________________________________________ Fax # __________________________

Authorized Representative ________________________________________________________________

Address, Phone, Fax and E-mail (if different from above) __________________________________________

Purpose of Meeting __________________________________________

Meeting Date(s) __________________________ Projected Attendance __________________________

Meeting Time (program start and end times) ____________________________________________________

Room Entry Time ____________ Room Departure Time ____________ (entry/departure time is part of time billed)

□ I will ~OR~ □ I will not use AV equipment in the room (computer/projector/screen).

Which room do you wish to reserve? (check one):
□ Cherry Hill Room - Main Level (capacity 12 around a table, no technology, no food)
□ Multicultural Room (capacity 20 around tables, 40 theater style)
□ Half Conference Center (capacity 80 theater style, 40 classroom style)
□ Conference Center (capacity 180 theater style, 60 classroom style)
□ Computer Lab (capacity 20) ~OR~ □ Half Computer Lab (capacity 10)

REFRESHMENT POLICY
If you are serving food, you MUST indicate who you are using or this application cannot be processed

Do you plan on having Refreshments*? _____NO _____YES - you must circle one: 1. Aramark 2. Bringing Own

*Clean-up fees apply for all but Aramark.

Checks should be made payable to Cherry Hill Public Library; Visa & MasterCard accepted; no American Express please.

Cancellation notification is required 10 days prior to each meeting. If notice is not given by that time, 50% of the payment due will still be charged.

I have completely read and fully understand the policies, rules and disclaimers pertaining to the use of the Cherry Hill Public Library’s meeting rooms. I agree to be responsible for complying with them and making all payments as called for herein.

Signature __________________________ Date __________________________
HOLD HARMLESS AGREEMENT

Between the Cherry Hill Public Library and _________________________________.

(Name of Organization)

In consideration of the use of the Cherry Hill Public Library’s meeting room, on the following date/s:

__________________________ for the purpose of ________________________________, the undersigned agrees to indemnify and hold the Cherry Hill Public Library and its officers, agents and employees harmless from any and all liability, claims, costs and Attorney’s Fees arising out of the use of the property referred to above.

I understand that this Hold Harmless also requires that the Cherry Hill Public Library is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor, or other person attending the event herein referred to.

In order to induce the Cherry Hill Public Library to accept this Hold Harmless Agreement, the following information concerning the intended use of the premises is furnished:

a. Total number of persons anticipated is ______________________.

b. Live entertainment (will) or (will not) be provided.

c. Other ____________________________.

Signed this _______ day of _______________ 20____

as the binding act in deed of ________________________________

(Name of Organization)

______________________________

Authorized Signature

______________________________

WITNESS

For Office Use Only

Approved:    Yes    No

Comments:

Total Amount Due $___________________ In full by: ________________________

Staff Signature ________________________________ Date _____________

Confirmation:    □ Mailed    □ E-mailed    □ Faxed on ________________________

Invoice:    □ Mailed    □ E-mailed    □ Faxed on ________________________