

**Bartow County Library System**  
**Adairsville Public Library**  
**Application for Use of Community Room**  
 202 North Main Street, Adairsville. GA 30103  
 Phone: 770-769-9200 Email: info@bartowlibrary.org

*When not needed for library activities, Community Meeting Space is available for use by the public on a reservation basis.  
 Please do not notify members of your group or consider the room booked until you have received written confirmation.  
 Allow two weeks for processing of the application.*

*Payment is due with submission of application; refunds are only made if cancellation occurs two weeks prior to the scheduled event.*

<b>Group Name:</b>		
Also include how to list the reservation on the kiosk and calendar, if other than above.		
<b>Contact Person:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Second Contact Person or Local Contact:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Address of Organization:</b>		
<b>Purpose of Meeting:</b>		
<b>Room Requested (check one):</b> Adairsville Meeting Room <input type="checkbox"/>		
<b>Date Requesting:</b>	<b>Time Reserved (specify a.m. and/or p.m.):</b>	
<b>Alternate Date:</b>	<b>Alternate Time:</b>	
<b>Will food be served?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Will you use the kitchenette?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Alcohol may not be served without prior Library Board of Trustee approval obtained during a regular Board meeting. All conditions required by the Board of Trustees must be met and required documents and licenses presented during application to the Board of Trustees.</i>		
<b>Equipment Request</b> <i>Equipment use instruction and orientation requires advance scheduling. The Library is not responsible for equipment failure or incompatibility.</i>		
DVD Player <input type="checkbox"/>	LCD Projector <input type="checkbox"/>	Sound System <input type="checkbox"/> Wireless Access <input type="checkbox"/>
<b>Room Arrangement: (please circle the appropriate arrangement)</b>		<b>Number of Attendees:</b>
Auditorium Seating (specify number of chairs): Classroom Configuration ( specify rows and columns): Number of tables, if any, required for food/beverage service:		Horseshoe Configuration (specify number of tables & chairs): Special Configuration (specify number of tables, chairs, and arrangement):
The undersigned, on behalf of the above named organization, hereby indicates that he/she has read and agrees to comply with the policy and procedures governing the use of all Bartow County Library System Community Space. The undersigned assumes all responsibility for the preservation of order and the sole responsibility for any injury to person, damage to Library facilities or Library or personal property, or loss of Library or personal property that may result from this use. The Bartow County Library System will not be responsible for any materials, equipment, or personal belongings left in the building. Persons/Organizations holding events assume responsibility for damage to rooms, equipment, or contents.		
_____		_____
Date of application		Signature of Liable Person
Would you like to be notified of application status via:		
Phone: _____	Text: _____	
Email: _____	Fax: _____	

**For Library Use Only**

Taken by:	Approved Not Approved	Notice sent / /	Calendar Updated / /	AV Equipment Booked Yes No	Kitchen and/or Food Use	Total Payment Received: \$
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### **Hold Harmless Agreement**

The user/use permit holder agrees to hold harmless the Bartow County Library System Board for any injury or damages to the person or property of any person in the use of said premises or incurred during users/use permit holder's use of said premises and to defend that users/use permit holders' expense, any legal action that may be brought against the Bartow County Library System Board, the City of Cartersville, Bartow County Government or its agents, officers, board members or employees for personal injury and/or property damage during the period of use.

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Signature

Date