

**Southern Lehigh Public Library**  
**3200 Preston Lane**  
**Center Valley, PA 18034**  
**610-282-8825      www.solehipl.org**

**MEETING ROOM RESERVATION FORM**

Please familiarize yourself with our recently revised Meeting Room Rental Policy & Equipment List to make sure your meeting qualifies to be held at the library.

**Organization Information:**

Organization or Business Name: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Program Information:**

Description: \_\_\_\_\_

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

Room Requested (See attached drawing of meeting room facilities): \_\_\_\_\_

With Kitchen: \_\_\_\_\_ Without Kitchen: \_\_\_\_\_

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

Please be sure to submit a completed Equipment List Form and Meeting Room Drawing so that library staff can be sure to provide what you need and set-up the room(s) to meet your specifications. Provided the library receives room rental documents and payment in advance, library staff will advise you if equipment or room set-up cannot be provided so that you have time to make alternate arrangements.

**Statement of Responsibility:** I have read the Policy for Meeting Room Rental for the Southern Lehigh Public Library and agree to abide by its rules. I understand that our group shall assume financial responsibility for any equipment, rental, clean up, damages or overtime fees. I understand that we will be responsible for our group and its guests while using the library's 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 forth in the Southern Lehigh Public Library Meeting Room Policy and hereby acknowledge receipt of a copy of the Policy for Meeting Room Rental and Emergency Procedures.

**Insurance and Hold Harmless:** A certificate of insurance (if applicable to my group as outlined in the library's Meeting Room Policy) is delivered with this Meeting Room Reservation Form with limits of at least \$500,000.00 each occurrence,

\$1,000,000.00 aggregate, which lists the Southern Lehigh Public Library, its board members, employees, and volunteers as additional insureds. The requesting organization hereby agrees to indemnify, defend and hold harmless the Southern Lehigh Public Library, its board members, employees and volunteers from any and all liability, claims and damages (including personal injury) as a result of use of the library.

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

Print Name :\_\_\_\_\_

You will be called for tentative scheduling. Your date will be officially confirmed when library staff receives the Meeting Room Reservation Form, Meeting Room Drawing, Equipment List, rental fee, and Certificate of Insurance (if applicable). Make check payable to Southern Lehigh Public Library. Rental fee and Certificate of Insurance (if applicable) must be received 7 days prior to meeting. If not received within 7 days prior to the program, the meeting room reservation will be cancelled.