
SPECIAL EVENTS AGREEMENT FORM

Roswell P. Flower Memorial Library

Date of event: _____

Time of Event: Start _____ End _____

Requested time for setup: _____

Name of the Organization/Person: _____

Person Responsible: _____

Caterer's Name and Contact Information: _____

Purpose of the Event: _____

Estimated attendance: _____

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 the library. The undersigned assumes all and exclusive responsibility for the preservation of order and the sole responsibility for any injury to persons, damaged to Library facilities or Library or personal property, or loss of Library or personal property that may result from this use. The Roswell P. Flower Memorial Library will not be responsible for any materials, equipment, or personal belongings left in the building.

Date of agreement: _____

Signature of applicant: _____

Contact person: _____

Address: City _____ Zip code _____

Phone: _____

Library Use Only:

Liquor License: Date submitted _____

Proof of Insurance: Date submitted _____