LOWER MERION LIBRARY SYSTEM
APPLICATION FOR THE USE OF THE MEETING ROOM

Complete, sign and return this application to the library whose meeting room you wish to use.

The undersigned respectfully requests the use of a library meeting room as indicated below:

Name of the library ________________________________

Date(s) requested ________________________________

Time: From _______ AM  PM  To _______ AM  PM  Total number of people anticipated ________

Describe proposed use ____________________________________________________________

Organization or Group Name ______________________________________________________

Address ____________________________________________________________

Is this a local non-profit community organization of an educational, civic, or cultural nature operating for the public good? Please circle:  Yes  or  No

There is no charge for the use of the meeting room but donations to the library are gratefully accepted.

I, the undersigned representative, acting on behalf of the organization, hereby release the Township of Lower Merion, its officers, agents, employees, sponsors, organizers, and all leaders assigned by them, from liability for any damage and injury to any person or thing in connection with the use of Lower Merion Library System facilities. I have read the Meeting Room Policy and understand that failure to comply with such policies by myself or any other in the organization or group may result in the temporary or permanent suspension of meeting room use privileges. The applicant further agrees that any authorized use will comply with the accessibility requirements of the Americans with Disabilities Act (see below).

Applicant’s Name ________________________________________________________________

Phone # __________________ E-Mail Address __________________

Applicant’s Address ____________________________________________________________

Signature of Applicant _________________________________ Date ______________________

Name of Lower Merion resident who is the official group representative AND WHO WILL BE PRESENT AT ALL TIMES

Name ____________________________________________________________

Phone # __________________ E-Mail Address __________________

Address ____________________________________________________________

Based upon this request (and other requests) you will be notified if your request has been approved.

AMERICANS WITH DISABILITIES ACT
The Americans with Disabilities Act of 1990 is federal legislation which prohibits discrimination against people with disabilities. One provision of the law mandates “reasonable accommodation.” In instances where a program participant is physically unable to access a meeting room location, the sponsoring organization may be required to move the meeting to an accessible location. Fully accessible meeting rooms are available at Ardmore, Bala Cynwyd, Ludington and Penn Wynne Libraries. For additional information regarding the Americans with Disabilities Act, please consult reference materials located in the library.

Approved  ( )  Comments / Exceptions ______________________________________________

Not Approved  ( )  Reason _________________________________________________________

Signature ____________________________________________________________ Date ________

Rev. 10/15