



FACILITIES USE APPLICATION GRAY PUBLIC LIBRARY TOWN OF GRAY MAINE

For Office Use Only
Date Received: _____
Received by: _____

In an effort to ensure success and smooth operation for your event at Gray Public Library, please complete and submit the following:

LOCATION

Large Meeting Room – Capacity 30

Small Meeting Room – Capacity 15

*If other or outdoors, please specify location:

APPLICANT INFORMATION

Name		E-Mail Address	
Street Address		City/State/Zip	
Home Phone		Cell Phone	

EVENT

Organization/Group					
Type of Organization/Group	<input type="checkbox"/> For-profit <input type="checkbox"/> 501(c)3 Non-Profit <input type="checkbox"/> Community Organization <input type="checkbox"/> Community Organization Exclusively Serving Gray				
Type of Event					
Start Date		Start Time		End Time	
Expected number of attendees					

OTHER REQUIREMENTS

Does the meeting start outside of regular library hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be using electrical appliances?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Will there be direct selling or marketing at your meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need special seating/chairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Where?

NOTES/COMMENTS

What else do we need to know to help make your event a success?

SIGNATURE & DISCLAIMERS

I have read and understood the Town of Gray Facilities Use Policy and agree to abide by all applicable policies and guidelines contained therein. I, as the applicant, understand that there are insurance requirements for duration of the rental as the Town of Gray's insurance does not cover rental of the Town's facilities. I acknowledge that I have been requested to provide said insurance coverage for the duration of the rental and that I have also been given the opportunity to purchase temporary insurance for the same. I understand that should any claim (or associated event) arise in connection with my rental of this facility, that I and my attendees may be held personally liable/responsible in the event that no adequate insurance coverage is provided for duration of the rental.

Authorized Signature _____ Date _____

FOR OFFICE USE ONLY

Date Application Submitted	Reservation is <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of Scheduling Administrator	Fee