



Valley Community Library
739 River Street
Peckville, PA 18452
570-489-1765
<http://lclshome.org/valley>

Facilities Use Request Form

Please Print Legibly

Please familiarize yourself with our Facilities Policy to make sure your meeting qualifies to be held at the library. **Please note: Completion of this form is not a confirmation of your request. It will be reviewed and approved if your request meets the guidelines of the Facilities Policy and if your desired date is available.**

Contact Information:

Name: _____

Organization (if applicable): _____

Address: _____

Email: _____ Phone: _____

Meeting Information:

Purpose of Use: _____

Room Requested (circle one): Gino Merli Room Conference Room

Date Requested: _____

Time Requested: Start: _____ End: _____

Number of Attendees: _____

Number/Setup of Tables & Chairs: _____

Additional Comments/Requests:

I have read the Facilities Policy for the Valley Community Library and agree to abide by its rules. I understand that I am responsible for any equipment used, set up, and clean up. I understand financial responsibility is assumed for any damage incurred to the room and its equipment during my meeting. I understand that the room may not be used for sales, solicitation, or other commercial purposes. I understand that I 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 Valley Community Library Facilities Policy and hereby acknowledge receipt of a copy of the Facilities Policy.

Date

Signature of Authorized Individual

Printed Name

STAFF USE ONLY

Date

Staff Signature

Donations

Donation made: \$ _____ Check or Cash

Staff Initials: _____ Date: _____