

215 S. KESWICK AVENUE, GLENSIDE, PA 19038 (215) 885-0457 ELKINS PARK 215-635-5000 GLENSIDE 215-885-0455

APPLICATION AND PERMIT FOR USE OF TOWNSHIP OWNED FACILITIES

Name and type of Organization:

Branch Desired: Elkins I	Park Glenside	
Date(s) Desired:		
Earliest time needed:	Time last person will leave:	(must be at least 15 mins. before closing)
Estimated Attendance:		
Equipment to be brought	on site by applicant:	
Specific purpose of use:		
Is your organization base	ed in Cheltenham Township?	
No fees will be c	harged, no fundraising will be conduc	ted.
No merchandise	will be sold.	
The meeting wil	be open to the public.	
My organization	is responsible for set up and restoring	g the room to its original condition.
I have read and	understand the meeting room policy a	and usage rules.
	nd phone number of at least one, preferably two renth the facilities requested are being used by your once to regulations.	
Name	Address	Mobile Phone
Name	Address	Mobile Phone

The undersigned applicant agrees to be personally responsible:

- (1) For the observance of all regulations, and for the protection of the property. No smoking is permitted on library property.
- (2) For the observance of fire and police regulations.
- (3) For payment to restore buildings, equipment or grounds damaged during use by this organization.
- (4) For payment of fees.
- (5) For informing the organization which they represent that permission may be canceled if the facilities are required for library or township purposes.
- (6) For obtaining, reading, and disseminating all regulations concerning use of the building to all persons associated with the organization which will use library facilities.
- (7) We do release Cheltenham Twp. and Cheltenham Twp. Library System from any and all claims or causes of actions in law and equity arising from our activities listed above.
- (8) We also agree to indemnify and hold harmless Cheltenham Twp. and Cheltenham Twp. Library System from any and all actions arising out of our use of Cheltenham Twp. property.
- (9) We have read the Cheltenham Twp. Library System Meeting Room Policy and Usage Rules, and will abide by the rules listed therein.

Date of Application	Signature of Applicant
Primary Phone of Applicant	Printed Name of Applicant
Secondary Phone of Applicant	Relationship of Application to organization
Email Address of Applicant	Home address of Applicant