

## Middleburgh Library Room Use Form

Person making request: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Date (s) of use: \_\_\_\_\_

Hours of use: \_\_\_\_\_

Purpose of activity: \_\_\_\_\_

Approximate number of people: \_\_\_\_\_

Community Room: \_\_\_\_\_ Technology Room: \_\_\_\_\_

*I hereby certify that I have read and agree to abide by the attached rules and hereby indemnify and hold the Middleburgh Library harmless from acts or omissions in connection with the use of the Middleburgh library Community Room.*

Signature of responsible party: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please fill out this form and return to the library via email to [mid@mvls.info](mailto:mid@mvls.info), or drop it off at the help desk or mail to:

The Middleburgh Library  
323 Main Street  
Middleburgh, NY 12122  
For questions, please call (518) 827-5142.