

**CITY OF POULSBO
LIBRARY – COMMUNITY ROOM**

FACILITY USE APPLICATION/AGREEMENT

NAME OF ORGANIZATION: _____

DATE OF EVENT: _____

TIME OF EVENT (INCLUDES SET-UP AND CLEAN-UP) FROM: _____ TO: _____

NATURE OF EVENT: _____

ESTIMATED ATTENDANCE: _____

NOTE: Maximum capacity is 117. Applicant is responsible to insure this maximum is not exceeded.

ACKNOWLEDGEMENT AND WAIVER

The undersigned hereby makes application to the City of Poulsbo and Kitsap Regional Library for use of facilities described above and certifies that the information in the application is correct. The undersigned agrees to exercise the utmost care in the use of the premises and property. The applicant agrees to adhere to all rules and conditions on this form. The applicant shall indemnify and hold harmless the City of Poulsbo, Kitsap Regional Library, its elected officials, its employees and agents from and against any and all claims, demands, suits, actions, payments and judgments as a result of injury or death of any person or property damage to any or in any other manner grown out of any act or omission on or about said facility by applicant, its agents, guests or employees in the execution of this agreement, including any and all expenses, including attorney fees and costs, legal or otherwise, incurred by the City, the Library or their representatives in the defense of any suit or claim. The City of Poulsbo and Kitsap Regional Library are not responsible for lost or stolen property.

I acknowledge that I have reviewed all information on this form as well as the Facility Use Rules and Conditions. I agree to abide by the conditions of use as outlined.

*****No refunds given for cancellation*****

*** Parking for use of the Community Room shall be in the Lower Parking Lot.**

Name: (please print)

Title:

Mailing Address:

(City)

(Zip)

Phone:

(Home)

(Work)

(Cell)

E-Mail address

Signature

*****Key for Community Room must be obtained from the Poulsbo Library prior to each event and dropped off immediately after, unless prior arrangements have been made with Library Staff. Keys may also be dropped off in the Poulsbo Library's Book Drop box. Library Hours: Mon, Tue, Wed, 10 am-8 pm; Thurs, 1 pm-5 pm; Fri. 10 am-6 pm; Sat, Sun, 1 pm-5 pm.***

Date & Time Received: _____	Fees Due:
Placed on calendar: _____	Non-Profit Organizations (501c3).....\$15.00 per hour.
Fee Paid: _____	Government Agencies.....\$25.00 per hour.
Date Approved: _____	Commercial & Private Groups..... \$30.00 per hour.
Approved by: _____	Total Hours _____ x \$ _____ per hour = \$ _____

*****Fees are payable to "City of Poulsbo" and are DUE A MINIMUM OF TWO WEEKS PRIOR TO EVENT. Payments are by cash or check only, with payment to be made at the Poulsbo Library.***