

Tweed Public Library
Meeting Room Reservation Request

Date(s) of Event: _____ Day of Week: _____

Reserved Times; From: _____ (am/pm) To: _____ (am/pm)

*Time permitting, library staff will set up the room for your meeting. If not, please consider the extra time to set up and take down as part of your reservation time.

Name of individual/organization/group: _____

Non-Profit* Non-Profit Business Government Private

*see attached rental rate list

Address: _____ City/Province/Postal Code: _____

Phone: Office: _____ Home: _____

Cell: _____

Email address: _____

TITLE OF EVENT: _____

Contact person for Event: _____

Is this event open to the general public?

Will food or beverages be served? _____

I understand that confirmation and acceptance of the application is subject to review by the Library CEO. I have read the meeting room policy for use of the Tweed Public Library Meeting Rooms and will insure that I, or my organization if applicable, am in compliance. I and my organization releases, indemnifies and will hold harmless the Tweed Public Library Board and the Municipality of Tweed, their officers, agents and employees, from any and all claims for injuries, damages or loss which may arise or which may be alleged to have arisen out of or in connection with the meeting. I understand that I will be responsible for all damages resulting from the use of this facility.

SUBMITTED BY: _____ DATE: _____

PRINT FULL NAME: _____

Return completed form to: Tweed Public Library, Attention: Cathy Anderson
230 Metcalf Street, Box 628, Tweed ON K0K 3J0
Phone: 613-478-1066 Email: tweedlibrary@vianet.ca