



SARATOGA SPRINGS PUBLIC LIBRARY
49 Henry Street, Saratoga Springs, NY 12866
Meeting Room User Registration

Date: _____

Group: _____

Group's Address (if any): _____

Group's Phone (if any): _____ Extension: _____

Contact Person: _____
name

address

phone

The undersigned acknowledges receipt of the written rules and regulations regarding use of library meeting space, and agrees that the organization named above will adhere to these procedures.

The undersigned acknowledges that the library is not responsible for damage to or loss of property or injury to persons that may result from use of library meeting space by the above named organization.

I am aware of the library's right to give my name, phone number, and address to any individual inquiring about meetings of my organization in the library.

signature