

## EDMESTON FREE LIBRARY

26 East Street • P.O. Box 167 • Edmeston, NY 13335 Edmestonfreelibrary@gmail.com • 607-965-8208

## **BUILDING USE FORM**

This form is to be completed and signed by the person responsible for the group. The Form must be submitted to the Library Director who will sign it once they are able to check the room for conflicts on the schedule. If a fee is due, it must be paid within two weeks of the reservation so that we may schedule staff for the event.

The group requesting	use of our building as set forth below, will hold the	10
	s for any and all liability for damage or injury from	
· · · · · · · · · · · · · · · · · · ·	s property or use of the facilities.	1 the
group's activity on the Diotary .	, property of use of the fuerthess.	
Name of the group	Phone	
Name of person responsible _	Phone	
Email		
Please state the purpose of the e	vent.	
Date(s)	Times	
Room(s) needed: Large Classro	om, Medium Classroom, Small Classroom, Study	Room,
Cafe', Kitchen (Please circle the	e room(s) requested)	
Refreshments?	Please keep them in the Kir	tchen
and cafe'. No use of the kitchen	appliances without Library supervision and prior ap	proval
If food or beverage is planned, p	please understand that we limit this to the kitchen an	nd cafe
spaces.		
Equipment Needed		
All waste must be removed from		
Signature of Library Director	Date	
Regular Hours:	Other Hours requested	*
Tuesday - Friday 12:00 - 4:45	*(May include a charge for staff supervision)	
Saturdays 9:00-1:00		