## Fort Edward Free Library Building Use Application

Group/Organization:		
Person Responsible:		
Address:		
Email:	Phone:	
Date of Meeting:	Recurring? Y_	_ N
Beginning Time:		
Ending Time:	_	
*Please note that an insurance form m	nay be required*	
Any additional notes:		

I agree to follow the rules of the Fort Edward Free Library as described in its policies and will take responsibility for returning the space to its exact manner prior to the meeting. I understand that I am responsible for any damages or losses to the property, building and equipment.

Signature:		 	
Date:			
Approved: Y	N		
Date:			