

YEADON PUBLIC LIBRARY 809 Longacre Blvd., Yeadon, PA 19050 610-623-4090 USER REQUEST FORM

Hours of Operation — Monday-Thursday — 10:00 A.M.-8:00P.M. Friday — 10:00 A.M.-6:00 P.M. Saturday -10:00 A.M.-5:00 P.M. Closed Sunday

Granting of Permission to use the facilities does not in any way constitute an endorsement of an individual's or group's particular beliefs or purpose by the way Yeadon Public Library, Board of Trustees, Staff or any affiliate of the Organization for consideration of requests for use of the facilities. This form must be completed in its entirety and returned to the Director as soon as possible.

	, Do	remetion No.	
Today's Date	Si Ke	servation No:	
Please Print			
vame of Orga	anization:		
Individual/C	ontact Person:	Email Address:	
Address:			
Day Phone#		Evening Phone#	
EVENT IN	FORMATION		
Date Reques	ted:	Second Date Choice:	
Type of Ever	nt:		
Total Expect	ed Attendance:	_	
Time of Use:	: (Including set-up/Clean-up): From:	To:	
Food: Do yo	ou intend to serve food? Yes	_ No	
I, as an include library equi	lividual or representative of a grou ipment incurred to the Library as re	p or organization, accept responsibility of any damage or loss sult of use of library meeting space.	0
By signing		ad the Library's Meeting Space terms and conditions and agree	to
Signature		Date:	
	Staff's Use Only:		
	Date Received:	Received By:	
	Approved By:	Date:	

Terms and Conditions:

There can be no charging fees for any aspect of your Event.

Alcoholic Beverages are not allowed on premises.

Smoking is prohibited in all areas of the facility.

The Yeadon Public Library reserves the right to decline/descend use of the facility.

The Yeadon Public Library does not accept responsibility for loss or theft of articles belonging to any member of the party, or injury or accident to any person on the grounds of or in the facility, and is absolved by all liability, which may result thereof.