

**Permission Form**

**Solomon Wright Public Library, Pownal, VT**

MEETING ROOM USAGE SIGN-UP SHEET

Organization/Name: \_\_\_\_\_

Individual in Charge of Event: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Space Requested (check one):

Lucy Wright Case Reading Room

Community Room

General Library Area

Approximate Number of People anticipated: \_\_\_\_\_

The Board of Directors, employees and volunteers of the Solomon Wright Public Library shall not be liable for actions taken or accidents occurring or resulting from use of the Library facilities by you or your organization. You will be held responsible for any damage, additional costs for personnel and/or replacement or repair of facilities or equipment, which will be determined solely by the Library Board.

I have read and agree to abide by the Meeting Room Policy, attached:

Signature

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Date:

Approved by

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Date:

Key Receipt:

I, \_\_\_\_\_, have received  
a key to the Solomon  
Wright Public Library for the date noted above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I have returned the key to Solomon Wright Public Library:

Signature \_\_\_\_\_

Date \_\_\_\_\_