

**SOUTH KINGSTOWN PUBLIC LIBRARY SYSTEM**

**MEETING/CONFERENCE ROOM APPLICATION**

**PEACE DALE**  
Telephone: 401-789-1555  
401-783-4085  
FAX: 401-782-6370  
E-mail: [jwilson@skpl.org](mailto:jwilson@skpl.org)

**KINGSTON FREE POTTER HALL**  
Telephone: 401-783-8254  
E-mail: [skkref@skpl.org](mailto:skkref@skpl.org)

CHECK ONE – PD Meeting Room  PD Conference Room  Kingston Free Potter Hall

Organization represented

Contact Person

Address

Phone Number

Email Address

Date(s)	Hours of Meeting	Purpose of Meeting/Description	Expected Attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

It is understood that all policies and procedures described on the attached sheets will be carried out. The designated contact or officer of the organization making application will be responsible for meeting with the Meeting Room Coordinator prior to review procedures. Said applicant will also be fully responsible for the condition of the Meeting Room.

I, (print name),  in consideration of the use of the South Kingstown Public Library (“Facility”), do hereby on behalf of myself, my successors, heirs, and assigns, remise, release, and forever discharge the Town of South Kingstown and the South Kingstown Public Library Trustees and staff (employees and volunteers), their successors and assigns of and from any and all manner of action and actions, cause and causes of action, suits, debts, dues, accounts, reckonings, covenants, contracts, controversies, agreements, promises, damages, judgments, executions, claims, and demands whatsoever, in law, or in equity, which I may have, or which I may have in the future, as a result of my use of the Facility,

Signature  Title  Date

**For Official Use Only**

Approved by:  Date: