

**BROCKVILLE PUBLIC LIBRARY**  
**ROOM BOOKING CONFIRMATION/INVOICE**

---

NAME OF ORGANIZATION:

CONTACT NAME :

POSITION:

BUSINESS ADDRESS:

---

PHONE:

FAX:

---

DATE REQUEST:

TIME: am/pm

---

Room Set-up is the responsibility of the booking party.

---

Room Fee:

\$

**\*\*We only accept CASH or CHEQUE.**  
(cheques are payable to Brockville Public Library)

Mailing Address:

Brockville Public Library

Box 100, 23 Buell St.

Brockville, ON K6V 5T7

Telephone: 342-3936 Fax 342-9598

---

Estimated attendance:

---

Please note library rental hours :

Tues-Thurs. 10 am - 7:45 pm

Fri. & Sat. 10 am - 4:45 pm

Sun 1 :00 pm - 4:45 pm

Payment must be received at least 2 weeks prior to the rental period.

There will be no refunds for cancellations made less than 24 hours before the booking.

---

**TO BE SIGNED PRIOR TO ACCESSING THE ROOM:**

The undersigned agrees:

1. To accept financial responsibility for any damage incurred to room rented, its contents, equipment provided and furnishings during the rental period.
2. Indemnity: The Lessee shall agree to save harmless the Brockville Public Library against all claims of any nature and kind and costs which may arise out of or by reason of granting the application; and against damages, infringement of royalty rights, charges, slander, sedition and subversion which may occur as a result of public performances, actions or speeches, together with any cost which may arise in connection therewith.
3. To take responsibility for ensuring your audience leaves the building in case of a fire alarm or other emergency.

The Lessee has read the above regulations and has agreed to observe the conditions of this agreement:

Authorized renter signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_