

**Bethlehem Public Library Meeting Room Access and Use Policy
Acknowledgement Form**

I _____ hereby confirm that I have read and understand the Bethlehem Public Library Meeting Room Access and Use Policy and agree to abide by its terms. I acknowledge that it is my responsibility to comply with the Policy as a condition of my use of the Library Board Room or Community Room.

(Initial) I understand that submission of this form does not guarantee the use of Library space for any set period and that the Library may terminate my reservation at any time with proper notice.

(Initial) I understand that the Policy described here is subject to change. I acknowledge that revised information may supersede, modify, or eliminate portions of this Policy. The Library Board of Trustees of the Bethlehem Public Library may adopt revisions to the Policy, and such revisions may be made without notice.

(Initial) *For registered nonprofit group use:* I acknowledge that I have watched and understand the training video.

For Bethlehem Library Card Holders "Room Checkout"

Name (*printed*): _____

Library Card Number: _____

Signature: _____ Date: _____

For Registered Albany County Nonprofit Group Use

Name (*printed*): _____ Contact Phone: _____

Contact Email: _____

Contact Library Card Number (*if applicable*): _____

Nonprofit Group Name: _____

Nonprofit Mailing Address: _____

Group ID Number: _____

Registered with (*check one*): NYS AG Charities Bureau Dept of State IRS

Signature: _____ Date: _____

For Office Use Only Date Agreement Received: _____ Approved By: _____
