

**Request to use the Sensory Room at Huntington City-Township Public Library**

\_\_\_\_\_ requests the use of the Sensory room  
(30 minute limit) from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on \_\_\_\_\_, 20 \_\_\_\_\_

Estimated attendance (max of two individuals per room): \_\_\_\_\_

Age group: (Circle all that apply)    Child    Teen    Adult

Name: \_\_\_\_\_

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

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

\*Must have a Huntington Library card, a State ID, or a Driver's license to request a room. The Library will print and store a copy of the ID or Library Card for future use.

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**Please initial your agreement to the following Sensory Room policies:**

\_\_\_\_ I understand that I am responsible for any missing or damaged items and may be charged to replace items that go missing or become damaged during my use of the sensory room. I understand that while using the sensory room I/we will not engage in behaviors that break the library's policies.

\_\_\_\_ I understand that I must be present in the sensory room if I'm requesting it for myself, an adult I am a caregiver for, or for my child. I understand that if I am requesting the use of the room for a child aged 13 years and up, that I do not have to be present in the room but I am responsible for their behavior, and missing or broken items.

\_\_\_\_ I understand that I am responsible for leaving the room in the order in which I found it. I understand that I am responsible for putting used items back where they belong. I understand that if an item being used breaks, it's reported to the library staff.

**Use of Huntington City-Township Public Library facilities does not constitute sponsorship by the library or endorsement of the beliefs, viewpoints, policies, or affiliations of the user by the library board or staff.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Sensory Room Checkout Form

Person Completing Form \_\_\_\_\_

Number Attending:

\_\_\_\_\_ Adults

\_\_\_\_\_ Children

**Borrower**

*Complete the steps below when the event has ended. Once all boxes are checked, initial below and return this form to the Reference Desk.*

**Staff**

Check items for any damage

Return all items where they were found

Return any moved furniture back to their original spot

(If borrowed) Return cleaning supplies to where found

Return checkout form to the Reference Desk

(Staff only) Check supplies and clean items

Comments: