



Meeting Room Application

Organization/Group Name _____

Cultural Educational Civic Social

Contact Person Name (Please print) _____

Home Address _____

City, State, and Zip Code _____

Telephone (home) _____ (cell) _____

Email Address _____

Business Address _____

City, State, and Zip Code _____

Telephone (business) _____ (fax) _____

Date(s) & Time(s)
Requested _____

I have read the library's meeting room policies and agree to abide by them. I will assume responsibility for my group to conform to all library rules, for any fees incurred, and for any damage to the library property by members of my group. The library will not be responsible for damage, injury, or loss of property, or to persons in connection with the use of these premises.

BY SIGNING THIS APPLICATION, YOU ARE AFFIRMING THE ABOVE STATEMENT.

Contact Person Signature _____

Application date _____

For Library Use

Staff receiving request _____ Have dates been reserved on calendar? _____

Approved _____ Denied _____ Library Staff Initials/Date _____