



Meeting Room Application

Event Name/Group Name: _____
(This is the name that will appear on our calendar that the public can view)

Contact Person Name (please print): _____

Home Address: _____

City, State, & Zip: _____

Phone Number: _____

Email Address: _____

Business Name (if applicable): _____

Business Address: _____

City, State, & Zip: _____

Business Phone Number: _____

Date(s) & Time(s) Requested: _____

I have read the library's Meeting Room Policies. I confirm that I am 21+ and will abide by all policies listed. 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 STAFF USE ONLY

Staff receiving request: _____ Is the date(s)/time(s) available on the calendar? Y N

If yes please place the form on Emily's desk in the appropriate in-box | If no explain to the applicant the conflict and offer another meeting room (if available and size is appropriate) or tell them other dates near the requesting date that are available.