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MEETING ROOM REQUEST FORM

PLEASE PRINT CLEARLY

Name of Organization _____ For-Profit? Y ___ N ___

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (circle) Work Home E-mail _____

Room Requested: Board Meeting Room Large Meeting Room _____ Approximate Attendance _____

Date(s) Needed: _____ (Must be within 4 months)

Starting Time: _____ (circle) AM PM Ending Time _____ (circle) AM PM

Meeting may not begin before library opens and must end no later than 15 minutes before library closes.

Description of Meeting: _____

Library Equipment Requested: TV DVD Digital Projector Internet Connection

This meeting is: Open to the Public A Private Meeting (Check One)

If any money is to be collected during this meeting, clearly indicate the purpose for doing so here.

Will any refreshments be served? _____

I have read the policies governing the use of meeting rooms and hereby agree, intending to be legally bound, for myself, the organization, the membership of the organization, and its guests, to adhere to and be bound by said policies, the terms, conditions and obligations of which are herein incorporated by reference as fully as though they were set forth at length herein, and acknowledge that the Library is relying upon this agreement in permitting the use of a Library meeting room. I also agree that I will make all members and guests aware of the policies of the Library meeting room use.

Signature of Applicant

Printed Name of Applicant

Date

STAFF USE ONLY

Date & Initials: _____ Scheduled _____ Confirmed _____

Fee Collected? ___ Yes ___ No ___ NA Amount: \$ _____ Name & Receipt # _____