

MILNE LIBRARY MEETING ROOM APPLICATION

Organization: _____

Date of Application: _____ Date of Meeting: _____

Contact Person (please print): _____

Contact Email Address: _____

Contact Address: _____

Telephone #1 (cell preferred): _____ Telephone #2: _____

Meeting purpose or function: _____

Room requested: _____

Time requested: _____ Duration (in hours): _____

Estimated Attendance: _____

Will food or refreshments be served? Yes No

Will alcohol be served? Yes No *****NEEDS TRUSTEE APPROVAL*****

Will there be any collection of donations or sales during the event? Yes No

Special arrangements:

By signing this form below, I indicate that the above information is true to the best of my knowledge, that I have read and understand the contents of the Meeting Room Policies of the David & Joyce Milne Public Library, that I will assume responsibility for enforcing the provisions of this policy while the individuals of the organization I represent use the facility, and that I agree to accept all liability for the damages resulting from the use for which I have signed.

Contact Person's Signature: _____

The above application has been APPROVED / DENIED for the use of the
_____ on _____.

Date: _____ Library Rep.: _____