

MEETING ROOM APPLICATION

Organization: _____

Date of Application: _____ **Date of Meeting:** _____

Contact Person (please print): _____

Address to which confirmation should be sent: _____

Day Telephone # _____ **Evening Telephone #** _____

Meeting purpose or function: _____

Room requested: _____

Time requested: _____ **Duration (in hours):** _____

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: _____

FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

The above application has been _____

for the use of the _____ **on**

_____.

Date: _____ **Library Rep.:** _____