

SHELBY AREA DISTRICT LIBRARY
Application for Use of the Meeting Room

Today's Date _____

Name of Organization _____

Address: _____

Telephone Number(s): _____ Web Address: _____

Fax Number: _____ Email Address: _____

Name of Representative Making the Request: _____

Position in the Organization: _____

Purpose of the Meeting: _____

Date and Time of Meeting

Days(s): _____ Hours: _____ to: _____

Approx. Group Size: _____ # of Chairs Requested: _____ # of Tables Requested: _____

Equipment Needed: _____

AGREEMENT

It is expressly understood that the Library has adopted certain rules applicable to the use of the Library meeting room, a copy of such rules being attached. The undersigned has read and understands the terms of such Policy and agrees, individually and as a representative of the group as a whole requesting use of such facility, to comply with the terms therein and said individual and group as a whole shall be liable for any noncompliance thereof, to include, but not limited to, any and all damages that may occur or fees or costs that may be incurred as a result of the use of the Library facilities.

Group Name: _____

Signature: _____

Printed Name: _____



For Office Use Only

Received by (library staff member): _____

Librarian's Comments _____

Approval by Library Director or Assistant Library Director:

Signature _____ Date _____