

## APPLICATION FOR USE OF COMMUNITY ROOM

MEETING DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PATRON ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

AFTER HOURS FEE (IF APPLICABLE): \_\_\_\_\_

EQUIPMENT NEEDED: \_\_\_\_\_

WILL YOU NEED ASSISTANCE FROM THE LIBRARY STAFF TO SET UP  
ELECTRONIC EQUIPMENT?:  YES  NO

NUMBER OF TABLES NEEDED: \_\_\_\_\_

NUMBER OF CHAIRS NEEDED: \_\_\_\_\_

I, \_\_\_\_\_, as an individual or a representative of a group or organization, accept full responsibility for the cost of any cleaning and/or repairs as a result of damage on the meeting date listed above.

I understand, as an individual or a representative of a group or organization, that by signing this form, I accept responsibility for any damages resulting in my groups use of the community room, accidental or otherwise.

By signing below, I am attesting that I have received and read the Library's community room use policy and agree to abide by all terms and conditions stated therein.

Signature of person in charge: \_\_\_\_\_ Date: \_\_\_\_\_