

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 \_\_\_\_\_