

APPLICATION FOR USE OF MEETING ROOM IN THE LIBRARY

(PLEASE FILL OUT COMPLETELY, SIGN AND RETURN FORM TO THE LIBRARY)

Date of Application _____ Date Requested _____ Time requested _____

Type: Civic _____ Educational _____
Religious _____ Other (Please describe) _____

Purpose of meeting _____

Contact Person _____

Address _____

Phone: Business _____ Home _____

Estimated number to attend _____

Because of a limited staff, it will be the responsibility of the applicant to see that chairs are set up before the meeting at such a time as not to interfere with the library users and to take down chairs at the end of the meeting and return them to their storage area. The applicant also accepts full liability for any damage to facilities and/or equipment, and agrees to confine the organization's activities to the Meeting Room area. If refreshments are to be served, it is the responsibility of the group to supply all of its needs and to clean up. The Library will not be responsible for any materials or equipment left in the room. The undersigned, on behalf of the organization, has read and agrees to comply with the "**Meeting Room Policy**" guidelines and rules.

I _____ have read, understand and will abide by the Wells Public Library 's "Meeting Room Policy".

Signature of Applicant Representing (Organization) Date

Approved by _____ Date _____ Application valid through _____