

George H. and Ella M. Rodgers Memorial Library
Community Meeting Room Application

This form should be returned in person with deposit and/or fee attached

Name of registrant _____ Date _____

Address _____

Phone number: (daytime) _____ (evening) _____ (cell) _____

E-Mail _____

Name of organization _____

Address of organization _____

Day, date & hours of meeting _____

Expected # of guests _____ OR # of guests if youth program*(under 21 years of age) _____

*Name of person in charge during youth program (please print) _____

Will you need tables and/or chairs? Yes/No # of tables _____ # of chairs _____

AV Equipment needed? (please specify) _____

Purpose & Brief Outline of Meeting: _____

Will you be charging registration fee to cover cost of materials/speaker (please specify) _____

Names & Phone Number/website of Presenters: _____

Will you be serving food or drinks, if so, please specify? _____

I have read the George H. and Ella M. Rodgers Memorial Library Meeting Room Policy, and I agree to abide by its rules and regulations and to be responsible for damages to the Library equipment, furniture and/or facilities during my scheduled use of the room. I agree to indemnify and hold harmless the City and all its officers, employees, and agents from any and all claims, demands, suits, and causes of action or judgments, any person may have as a result of any damages suffered while utilizing the meeting room

Print name: _____ Signature: _____

Received by library staff member: _____ Date: _____

\$50 refundable deposit _____ Outside normal operating hrs YES/NO \$100 fee paid _____

Meeting confirmed by library director or BOT _____ Date of e-mail notification: _____