

Meeting Room Reservation/Application

Group Name _____

Meeting Date _____ Start Time _____ End Time _____

Expected Attendance _____ Business/Commercial Non-Profit
(Please circle one)

Nature of Meeting or Program _____

Person Responsible _____

Address _____

Phone _____ Email _____

May the names and phone numbers listed on the form be released to library patrons with inquiries concerning the meeting? Yes No

I have read the policy concerning the use of Bacon Memorial District Library's meeting room and agree to comply with them. Upon acceptance of this reservation the organization or group waives the library's liability for any personal injury to persons attending this function while on library premises and agrees to follow the library's rules and regulations governing the use of the library facilities. Failure to abide by the regulations governing the use of the meeting room may disqualify the organization from future use of the facility

Applicant Signature _____ Date _____

Application Approved by _____ Date _____

Fee paid _____ Cash Check _____