

Acorn Public Library Application for Use of Meeting Rooms

Date of Application: _____ Date of meeting: _____

Meeting start time: _____ Meeting end time: _____ (INCLUDE SETUP/BREAKDOWN)

Estimated attendance: _____ Certificate of Insurance needed: () yes () no

Room requested: Meeting Room (60 Person Max.) Conference Room (15 Person Max.)

Organization name: _____

Organization Address: _____

Nature of meeting: _____

Equipment Requests: # of Chairs _____ # of Tables _____

Audio Visual to be used: _____

I have read the Library's Meeting Room Policy, and I agree to abide by the rules contained in it and to pay the fee described in it. I agree to be present the entire length of the meeting and will be responsible for damages to Library equipment or facilities during scheduled use of the meeting room, should they occur. I agree to indemnify and hold harmless the Acorn Public Library District and/or its trustees and staff from and against any and all claims, demands, or actions that may be made or instituted against any of them arising out of the occupancy or use of the premises.

Print name of contact person: _____ Date: _____

Signature: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone (daytime): _____ Fax: _____

Email: _____

Approved: _____

Denied: _____

Date: _____

Cost: _____