

**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: \_\_\_\_\_

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Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Cost: \_\_\_\_\_