

MEETING ROOM APPLICATION AND AGREEMENT

Name of Organization: _____

Date of Application: _____

Group Contact Name: _____

Group Contact Phone: (_____) _____ - _____

Group Contact email: _____

Estimated Attendance of Meeting: _____

I respectfully **request** permission to use the library meeting room on the following date, or dates, at the times indicated (specify starting and ending times):

Date of Meeting	Start Time	End Time
____/____/____	_____	_____
____/____/____	_____	_____

PLEASE NOTE THE FOLLOWING: The meeting rooms must be vacated fifteen minutes before the Library is closed, unless other arrangements have been made (see requirements for afterhours use). Regular Library hours are as follows:

Monday – Friday 9:00 a.m. – 8:30 p.m.

Saturday 9:00 a.m. –5:30 p.m.

Sunday 1:00 p.m. –5:00 p.m.

Permission is requested to serve refreshments: ____Yes ____No

If yes, please list refreshments to be served (be specific):

We hereby acknowledge that prior to our use of the Meeting Room, we will have, or we already have, reviewed the Salida Regional Library guidelines, rules and regulations governing the use of the large meeting room. We, individually and on behalf of the Organization, agree to abide by all such guidelines, rules and regulations regarding our use of the room. Further, the Organization will undertake its best efforts to cause all others in the room during our use thereof to abide by the regulations. We do hereby further agree to indemnify and hold harmless the Board of Library Trustees, as well as their Director, employees, and agents, from any and all claims, demands, causes of action and any and all other expense, including attorney's fees, should any be incurred arising from or during the course of our use of the room pursuant to this Application. We shall also be responsible for any and all damage caused to the library building, the premises, and the library equipment and other personal property, whether said damage is negligently or willfully caused as a result of our use of the meeting room.

Fees must be paid at the time the application form is submitted to the Library Director. In the event the library cancels a meeting, the meeting room fees will be reimbursed.

I, _____, as the contact person of

(Please print)

_____ agree that our group will abide by the rules stated in

(Please print)

the Meeting Room Use Guidelines of Salida Regional Library.

Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Fee (\$25.00) cleaning deposit*: Received: _____ Cash: _____ Check #: _____

____ Approved: modifications or restrictions, if any:

____ Disapproved: Reason for disapproval, modifications or restrictions:

