

Starke County Public
LIBRARY

MEETING ROOM APPLICATION

Today's date _____ Time submitted _____

Organization _____

Contact Person (your name) _____

Address _____

Phone Number (include area code) _____ Alternate Phone # _____

Email _____ Fax Number _____

Event Type _____ Expected Attendance _____

Meeting Date _____

Additional Dates Needed _____

Time of your event: Start Time _____ End Time _____

If you will need additional time in the room for setting up and cleaning up, please indicate:

Set up start time _____ Cleanup end time _____

Name of person picking up the key (if a night meeting) _____ Phone # _____

Please Check:

___ I have read and will comply with the Starke County Public Library Meeting Room Policy.

___ Our meeting will be open to the general public.

___ We will leave the room and secure the building according to the Library's instructions.

___ I understand that while using the meeting room, no admission may be charged and no products or services may be advertised, solicited, or sold.

___ I will return the filled out attendance card to the front desk. (This helps us with statistics.)

___ I will notify the Library 24 hours before cancellation.

___ I understand that failure to comply with the Library's policies may result in the loss of the use of the meeting room.

Do we have permission to give your name and phone number to the public? ___ Yes ___ No

By signing below, I accept financial responsibility for any damages that might occur as a result of this meeting.

Signature of applicant and responsible person _____

Printed Name: _____

FOR STAFF USE ONLY	
Approved by _____	Date: _____