

Meeting Room Reservation Application

Date Requested: _____ **Hours Requested:** _____ **Expected Attendance:** _____

Room Requested (circle one): Ground Floor Meeting Room OR First Floor Meeting Room

Applicant's Name: _____ **Phone Number:** _____

Home Address: _____

Email Address: _____ **Library Card #:** _____

Address of Office and/or Regular Meeting Place of Organization): _____

Name of Organization (if applicable): _____

General Purpose of Use (business meeting, panel discussion, lecture, etc.): _____

Special Requests (i.e. equipment): _____

I state the above information is true and correct. I further state that I have received a copy of the Meeting Room Policy adopted by the Board of Trustees of the Green Hills Public Library District, that I (and the above organization, if applicable), shall abide by said Meeting Room Reservation Policy and shall indemnify, defend and hold harmless the Green Hills Public Library District, its Board of Trustees, and employees, from any loss, cost, expense, or damage occasioned by the use of Library property. Failure to abide by the requirements and regulations set forth in this policy will result in a minimum charge of \$100.00.

Applicant's Signature: _____ **Date Submitted:** _____

FOR LIBRARY USE ONLY
Approved or Denied: _____
Modifications or Restrictions, if any: _____
Reason for Denial, Modifications, or Restrictions: _____
Authorized Library Representative's Signature: _____