

# MEETING ROOM APPLICATION

After completion, return by one of the following:

- Drop off at the Circulation Desk
- FAX: 419-674-4321
- Scan & Email to [sthaxton@mljlibrary.org](mailto:sthaxton@mljlibrary.org)
- We will email confirmation upon receipt of application.



Organization/Name: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

**Date of Meeting** \_\_\_\_\_

Time of Meeting: from \_\_\_\_\_ to \_\_\_\_\_ (please include clean up and teardown time)

Library Equipment Needed:

- Podium     Whiteboard     Projector (ceiling mounted)

**Room Capacity: 50\***    12 - plastic tables    50 - padded chairs

The applicant agrees to protect, defend, indemnify and hold the library, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs or liabilities of every kind and character arising out of or in connection with any acts or omission of the applicant, negligent or otherwise, and its employees, officers, agents, guests or independent contractors. The applicant agrees to pay all damages, costs and expenses of the library in defending any action arising out of the aforementioned acts or omissions. I have read the Use of Library Meeting Room Policy and accept responsibility for the area.

Type or print full name of person agreeing to assume full responsibility for facility and conduct of group:

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Address	City/State	Zip Code
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Telephone No. (daytime)	(evening)	(cell)	(Fax)
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Email address \_\_\_\_\_

Reservation Taken By \_\_\_\_\_ Payment Amt. / Date Received \_\_\_\_\_

## NOTES:

-Room is not booked until application is filled out; returned, with payment and oral or written confirmation is given.

\*Capacity varies depending on set up. See Meeting Room Policy for more detail.