

George H. and Ella M. Rodgers Memorial Library  
**Community Meeting Room Application**

*This form should be returned in person with deposit and/or fee attached*

Name of registrant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of organization \_\_\_\_\_

Address of organization \_\_\_\_\_

Day, date & hours of meeting \_\_\_\_\_

Expected # of guests \_\_\_\_\_ OR # of guests if youth program\*(under 21 years of age) \_\_\_\_\_

\*Name of person in charge during youth program (please print) \_\_\_\_\_

Will you need tables and/or chairs? Yes/No # of tables \_\_\_\_\_ # of chairs \_\_\_\_\_

AV Equipment needed? (please specify) \_\_\_\_\_

Purpose & Brief Outline of Meeting: \_\_\_\_\_

Will you be charging registration fee to cover cost of materials/speaker (please specify) \_\_\_\_\_

Names & Phone Number/website of Presenters: \_\_\_\_\_

Will you be serving food or drinks, if so, please specify? \_\_\_\_\_

I have read the George H. and Ella M. Rodgers Memorial Library Meeting Room Policy, and I agree to abide by its rules and regulations and to be responsible for damages to the Library equipment, furniture and/or facilities during my scheduled use of the room. I agree to indemnify and hold harmless the City and all its officers, employees, and agents from any and all claims, demands, suits, and causes of action or judgments, any person may have as a result of any damages suffered while utilizing the meeting room

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Received by library staff member: \_\_\_\_\_ Date: \_\_\_\_\_

\$50 refundable deposit \_\_\_\_\_ Outside normal operating hrs YES/NO \$100 fee paid \_\_\_\_\_

Meeting confirmed by library director or BOT \_\_\_\_\_ Date of e-mail notification: \_\_\_\_\_