

**JACK RUSSELL MEMORIAL LIBRARY**  
**MEETING ROOM USE RESERVATION FORM**

Name of Group or Organization \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Our Group is: Not-For-Profit \_\_\_\_\_ Date of Application \_\_\_\_\_

For Profit \_\_\_\_\_ \$ \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_  
\$25/Two Hours Amount Paid

Contact Person: Name \_\_\_\_\_ Screen \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternate Contact for Reservation (please list name & phone number) \_\_\_\_\_

Explain the Purpose of Meeting:

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Room Requested: Community Room \_\_\_\_\_ Conference Room \_\_\_\_\_ Patio/Balcony \_\_\_\_\_  
Capacity 100 Capacity 20 Capacity 50/25

Expected Attendance Adults \_\_\_\_\_ Young Adults \_\_\_\_\_ Children \_\_\_\_\_ TOTAL \_\_\_\_\_

The undersigned, on behalf of the above named group/organization, indicates that he/she has read and agrees to abide with the guidelines and procedures outlined in the Jack Russell Memorial Library's Meeting Room Policy. The undersigned also assumes all responsibility for any damages to library facilities and equipment and any loss or damages to personal property. All meeting rooms must be left in the same condition as found. I will report any problems to library staff immediately. Failure to abide by the rules of the meeting room policy may disqualify the group/organization from future use of the meeting rooms. No admission or registration fees may be charged for people attending the group/organization's meeting. The Library is a No Smoking facility, and no alcohol is allowed in the building.

**I have read the policy for use of the Jack Russell Memorial Library meeting rooms  
and agree to the conditions for use described therein.**

\_\_\_\_\_  
Signature of Applicant, Must Be 18 Years or Older

Revised & Approved July 8, 2015  
Approved June 13, 2012  
Jack Russell Memorial Library Board

**Library Contact Information: Phone: 262-673-8240 / Fax 262-673-8080**