

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 _____

Address _____

Phone _____

Email _____

The following equipment is available in the **COMMUNITY ROOM** Only. Please indicate if you need to use any.

- Screen
- Microphone
- Projector
- CD Player
- DVD/Blu-Ray Player

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

Explain the Purpose of Meeting:

Room Requested: Community Room _____ Capacity 100 Conference Room _____ Capacity 20 Patio/Balcony _____ 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

Approved by the June Jack Russell Memorial Library Board Trustees June 13, 2012, revised 7/8/15; revised 5/11/18

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