

Application for Meeting Room Use at Delafield Public Library

Fax (262) 646-6232 or email _____

NOTE: This is an application, not a reservation form. No plans should be made regarding the use of the meeting room and no advertising should be done until a written confirmation is received. If the application is not filled out completely, it will be returned unprocessed. Please refer to the Use of Meeting Room Policy or ask for assistance if you have questions. (262-646-6230)

Organization name

Address & Phone

Date of Application

Email

Is this group _____ not-for-profit (documentation may be required)

Purpose of meeting _____

Library use of meeting rooms is a first priority and the Library reserves the right to cancel a reservation if the room is needed for that purpose. Whenever possible, a 24-hour notice will be given. This right will not be exercised except in urgent situations.

Please indicate both day of week and date (Tuesday, 9/12/10) for all dates requested, to avoid errors:

Arrival time for setup (after 9:30 am. Mon.-Sat. or 1 p.m. on open Sundays)

Meeting start time: _____

Departure time, after vacuuming & other cleanup _____

Reservation approved by _____ (staff initials)

Permission requested to serve light refreshments? _____

If yes please describe_____

Contact person for your organization_____

(The Library will refer any inquiries to this person.)

Street Address_____

City_____ State_____

Zip_____

Telephone: Home_____ Business_____

Fax_____

The undersigned, on behalf of the above named organization, **has read and agrees to comply with the policies, procedures and regulations** governing the use of Library meeting rooms. The applicant shall indemnify and hold harmless the Delafield Public Library, its employees, and board of trustees from any damages for personal injury or property damage. The applicant assumes all and exclusive responsibility for the preservation of order and the sole responsibility for any injury to persons, damage to Library facilities or Library or personal property, or loss of Library or personal property that may result from the use of a meeting room at the Delafield Public Library.

Signature of applicant

If signer is not the same as the contact person listed above, please list your address and telephone number

below.

Street Address_____

Phone_____

City_____ State_____ Zip_____

(For office use only)

Date submitted_____ Date processed_____ Date sent_____

Approved: ___yes ___no Approved by_____

Confirmation sent by mail_____ by fax_____ by email_____