

APPLICATION FOR USE OF MEETING ROOM
Michigan City Public Library

1st or 2nd Meeting this year? _____

Application Date _____

Name of Organization _____

Profit _____ Non-Profit _____

Your Name _____

Address _____

Phone # _____ Contact phone # for the public _____

Describe fully the purpose of your meeting _____

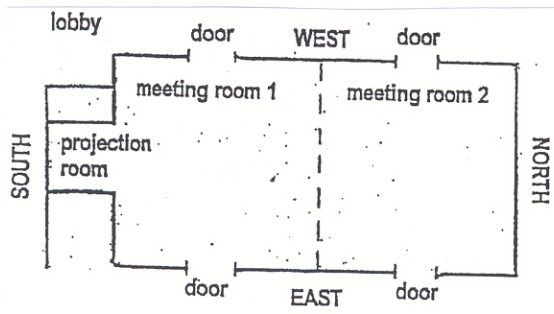
Date & Time of Meeting _____ How many people will attend the meeting? _____

Is it open to the public? _____ Will you serve food/coffee? _____

Please indicate the seating you wish on the diagram

Approximate
Number of People

(dotted lines indicate
folding door)



Check one:

- _____ Theater-style seating
(Rows of chairs
facing north wall)
- _____ Tables & Chairs
(Please indicate on diagram)

PLEASE INDICATE THE EQUIPMENT YOU WILL NEED:

Number of Chairs _____ Number of Tables _____ Display Boards _____ Microphone(s) _____ Podium _____
DVD/Computer _____ Video Projector _____ (indicate DVD/Computer) Easel _____ Coffee Pot _____

THIS FORM AND ALL FEES ARE DUE AT LEAST ONE WEEK PRIOR TO YOUR PROGRAM

I have read the attached meeting room policy and I agree to carry liability insurance or shall promise to hold harmless and indemnify the owners from all damages or claims for damages or injury. I assume full responsibility for any damages to the building or other library property incurred while using the facilities.

Your signature _____

Position with organization _____