

Rossford Public Library Meeting Room Request Form

Today's Date: _____

Date requested for meeting room use: _____

Time requested for meeting room use: _____

Group name: _____

Name of responsible party: _____

Address: _____

Phone: _____

Does this party have a Woodlink Library card in good standing? _____

Please outline the purpose of the meeting:

What is the approximate number of attendees expected: _____

Are there any special equipment needs? _____

I acknowledge receipt of and have read the Rossford Public Library Meeting Room Use Policy. I understand and agree to abide by said policy.

I further understand that as the responsible party, I must remain in attendance for the duration of the meeting outlined in this application agreement and that I will be held personally responsible for any damages caused to library property or equipment.

I personally, and on behalf of the group I represent, agree to hold the Rossford Public Library, its staff and Board of Trustees, harmless for any damages or injuries to persons or property caused by my group's use of library facilities authorized by this application and agreement.

(Signature)

(Date)

(Library representative signature)

(Date)