

SPALDING MEMORIAL LIBRARY

Application for Meeting Room Use

I agree to abide by all procedures and regulations stated in the Spalding Memorial Library Meeting Room Use Policy. I agree to provide the library with an attendance count at the end of the meeting/program.

Although the library will make every effort to honor all reservations, I understand that the library reserves the right to change schedules. If the library closes due to emergency or inclement weather, all meetings will be cancelled. Notification of such closure is made via WATS and WAVR radio.

The undersigned group conducting a meeting/program on library premises will assume full responsibility for property damage or injuries sustained by its members or injuries caused to others by its members while on library property. The Spalding Memorial Library is held harmless for such injuries.

Circumstances may require the library to request proof of insurance.

Date Reserved _____ **Time** _____

Name Of Organization _____

Address of Organization _____

Phone Number _____

Signature _____ **Date** _____

Printed Name _____

Application approved on: _____

Signature of Library Director (or delegate) _____