

## APPLICATION FOR USE OF COMMUNITY MEETING ROOM

Today's date \_\_\_\_\_

Name of organization \_\_\_\_\_

Contact person \_\_\_\_\_

Contact person address \_\_\_\_\_

Contact person telephone \_\_\_\_\_

Alternate telephone number \_\_\_\_\_

Date of meeting \_\_\_\_\_

Time of meeting: from \_\_\_\_\_ to \_\_\_\_\_

Approximate number of people expected \_\_\_\_\_

If group members are aged 17 and under, name of adult sponsor who will be present \_\_\_\_\_

The person who signs this form shall be responsible to have read and understood the meeting room policy.

I have received a copy of the meeting room policy and understand and will comply with all its regulations.

Signed \_\_\_\_\_

The Spirit Lake Public Library Board of Trustees or the City of Spirit Lake is not responsible for accidents, injury, or loss of individual property while using the meeting room.

10/4/2004      4/6/2009  
9/10/2007