



MEETING ROOM USE APPLICATION

Name of Group: _____

Name of Representative: _____

PLEASE NOTE: This form must be *completed & approved* by library staff to have confirmed reservation for the upstairs meeting room.

Purpose & Brief Description of Meeting:

Representative's Contact:

Day/Evening Phone: _____

Email Address: _____

Date room is needed: _____

Preferred meeting space: Main meeting room (circle one) Genealogy room

Meeting set up time: _____

Time the meeting will begin: _____

Approximate time meeting will adjourn: _____

Approximate number of attendees: _____

I have read the Lewistown Public Library's Meeting Room Policy. I agree to abide by its rules and regulations and be responsible for damages to the Library during our scheduled use of the meeting room. I agree to indemnify and hold harmless the City and all its officers, employees, and agents for all claims, demands, suits, causes of action of judgements, any person connected with my group may have as a result of any damages suffered while utilizing the meeting room. (Room capacity is 62).

Signature of Representative: _____

Date: _____

Library Approval: _____

Date: _____