

Lewistown Public Library



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## 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 (description for public display on Library website):**

\_\_\_\_\_  
\_\_\_\_\_

Representative's Contact:

Day/Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date room is needed: \_\_\_\_\_

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: \_\_\_\_\_