

West Bend Community Memorial Library

Application For Use of Library Meeting Rooms

Date Requested _____ Time Requested: From _____ To _____

Name of Group _____

Type of Group: Civic ____ Educational ____ Social ____ Religious ____
Other (please describe) _____

Purpose of Meeting _____

Expected number of people (not to exceed room capacity) _____

Contact Person _____

Address (street, city, state, zip) _____

Telephone: Work _____ Home _____

Please indicate room needed:

Bibliographic Instruction (First Floor, North Side, big conference table and 22 chairs, drop down projection screen) _____

Tower Room (Second Floor, Clock Tower, small conference table and 8 chairs) _____

Children's Presentation Room (First Floor, Southeast Corner, no tables, 30 chairs, drop down projection screen) _____

The undersigned, on behalf of the above organization, has read and agrees to comply with the policies and procedures governing the use of the library meeting rooms. The applicant also accepts full liability for any damage to the assigned room. West Bend Community Memorial Library will not be responsible for any materials, equipment, or personal belonging left in the building.

Signature of applicant

Date of application

Approved by, date, and manner of deposit: _____