West Bend Community Memorial Library
Application for Meeting Room Use

Name of Organization	
Name of Applicant	
Address	
City, State, ZIP	
Phone	
Email Address	

Type of Group:

____Civic ____Non-Profit
____Educational ____For-Profit
____Social
____Religious
____Book Group (Title of Book_____
_____
____Other (please describe)_____

Rooms Available:

1st Floor Conference Room (20 max)
Children's Story Room (35 Max)
2nd Floor Conference Room (10 max)

Cost: Non Profit Rate $10.00
For-Profit Rate $15.00/hr, $50 for 4 hours, $100 for whole day

Room Requested	Number of People	Date	Time
			to
			to
			to
			to
			to
			to

Do you require a projector?_____ (we have one Epson projector for rent at $10 per meeting room rental)

Purpose of Meeting(s):_____

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. The West Bend Community Memorial Library will not be responsible for any materials, equipment, or personal belongings left in the building.

Signature of Applicant:_____Date:_____

Office Use Only
Approved by_____ Date:_____

Cash_____ Check_____ Amount_____