



**Guernsey Memorial Library**  
**Application for Use of Meeting Room**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Date Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of week: \_\_\_\_\_

Time: \_\_\_\_:\_\_\_\_ am / pm to \_\_\_\_:\_\_\_\_ am / pm

Number of people expected \_\_\_\_\_ Are refreshments to be served? \_\_\_\_\_

Special arrangements or equipment needed: (use back if more space is needed)

I have read and been given a copy of the "Meeting Areas Policy" and agree to abide by the policy including the following:

- ◆ Safety / fire regulations will be followed
- ◆ Furniture will be replaced and room left clean including kitchen if used.
- ◆ We will leave before library closings unless special permission is granted ahead of time
- ◆ I will be responsible for any problems or expenses incurred from the use of the room

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ \

Approved \_\_\_\_\_ \$10.00 Fee Paid Cash \_\_\_\_\_ Check \_\_\_\_\_

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**Guernsey Memorial Library Meeting Room Receipt**

Organization: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

\$10.00 Paid Cash \_\_\_\_\_ Check # \_\_\_\_\_

Guernsey Memorial Library Staff Signature \_\_\_\_\_