



Small Meeting Room Reservation Form

Please familiarize yourself with our Small Meeting Room Policy to make sure your meeting qualifies to be held at the library.

Organization, Group or Individual Information:

Name:

Mailing Address:

City, State, Zip Code:

Contact Person: _____ Title: _____

Phone: Day _____ Evening _____

E-mail _____

Program Information:

Description:

Date Requested: _____ Time Requested: _____

Estimated Attendance _____

Statement of Responsibility: I have read the Small Meeting Room Policy for the Pike County Public Library and agree to abide by its rules. I understand that our group shall assume financial responsibility for any damages or clean up fees. I understand that the meeting rooms may not be used for sales, solicitation or

other commercial purposes. I understand that we will be responsible for our group and its guests while using the library's facilities. I agree to report any injury or accident occurring on the premises. I agree to abide by these and all other terms and conditions as set forth in the Pike County Public Library Small Meeting Room Policy and hereby acknowledge receipt of a copy of the Small Meeting Room Policy.

The requesting organization, group or individual hereby agrees to indemnify, defend and hold harmless the Pike County Public Library, its board members, employees and volunteers from any and all liability, claims and damages (including personal injury) as a result of use of the library.

Date: _____ Signature: _____

Print Name : _____

Your reservation will be officially confirmed when the library director approves this form. You will be contacted regarding the confirmation.

STAFF USE ONLY

Date/Time _____ **Scheduled** _____ **Confirmed**

Date/Initials _____