

## Meeting Room Request Form

For more information or to return this form by email, contact : [krist@seolibraries.org](mailto:krist@seolibraries.org)

Please read our meeting room policy before completing this form.

\_\_\_\_\_ Upper Area \_\_\_\_\_ First Edition

Meeting Room Date Needed: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Meeting Time :(from)\_\_\_\_\_ (to)\_\_\_\_\_. Please allow time to set up and clean up.  
Meeting room must be vacated 15 five minutes prior to Library closing.

***It is the responsibility of the organization to make sure the room is clean after your event. Failure to comply may result in a group or individual being denied future use of library meeting space. All trash must be in the trash cans provided. Supplies must be provided by the organization. Room Set-up: We have a standard set-up. If you would like a different set-up, feel free to move it as you wish, but we ask that you place the tables and chairs back to the original setup they were in when you came in.***

Purpose of Meeting: \_\_\_\_\_ Estimated Audience: \_\_\_\_\_

Will refreshments be served (circle one) YES NO

What audio-visual equipment do you need? TV/DVD PROJECTOR SCREEN

Name of Contact Person: \_\_\_\_\_ Organization/Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ : Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Email Address: \_\_\_\_\_

May the library give your telephone number to anyone inquiring about your event? (Circle one) YES NO

I, the undersigned, being eighteen years of age or older, have read the Meeting Room Policy and agree to comply. I agree to be responsible to the Delphos Public Library for the use and care of the library property and facilities. I understand that I will be responsible for my event and any damages caused during it. I will also be responsible for any cleanup needed. In addition, I certify that I will NOT solicit patrons within the library. (If using the First Edition Building keys must be picked up and returned by the contact person(s) signing the request form.)

Signature of Contact Person \_\_\_\_\_ Date \_\_\_\_\_

Please be aware when submitting this form by fax, email or in person, approval of this request is at the discretion of the library. The library reserves the right to refuse any request based on our policies or by decision of our Board of Trustees. Most often, you will be contacted by phone or email within one or two business days to confirm your request.