

Meeting Information

Meeting Date Estimated # of People Attending

Meeting time (include setup & cleanup) Begins Ends

Wish to use (check each that apply) Meeting Room Kitchenette

Refreshments may be served with prior approval. Describe here:

Your Information

Name

Daytime Phone Evening Phone

Email Address Fax Number

Address

Do we have your permission to give your name & phone number to the public? Yes No

Organization Information

Name of Organization

In what community is the organization based?

Purpose of the meeting

Organization Address

Telephone Email Address

Non-profit tax ID#

Responsibility Agreement

- I have read and agree to be bound by the Mount Horeb Public Library meeting room policy.
- We will leave the room clean and arranged as posted.
- I understand that while using the Meeting Room and/or Kitchenette, no admission may be charged, and no products or services may be advertised, solicited or sold.
- If the key is lost, I understand I will be charged for all costs associated with rekeying the Meeting Room and Foyer.
- I will notify the library 24 hours before cancellation.
- I understand that failure to follow the library's policies may result in loss of use of the meeting room.
- I understand that this request becomes a reservation only after the library has confirmed it.

Applicant & Person Responsible: _____ **Date:** _____

STAFF USE ONLY

Key # _____ Date Checked Out _____ Date Returned _____ State of Room _____
 Comments _____

Payment (amount/type) _____ Date Pd _____
 Additional Fees/Charges _____ Payment (amount/type) _____ Date Pd _____

Special Set Up (if applicable) _____ If yes, janitor notified? _____
 Approved by _____ Date _____