



Name of Group _____ Application Date _____

Expected Attendance _____ Set Up Time _____

General Purpose of Meeting _____

Do you have a Certificate of Insurance? Yes/No

Equipment Needed: _____

Month Year	Date	Start	Finish	Room
July 2019				East/West/Southeast
August 2019				Youth/West/Southeast
September 2019				Youth/West/Southeast
October 2019				East/West/Southeast
November 2019				East/West/Southeast
December 2019				East/West/Southeast

By signing this application, I have read the Meeting Room Policy as posted on the library’s website governing usage and agree to comply with them. I agree to indemnify, defend and hold harmless the Library, its trustees and staff from and against any and all claims, demands, or actions that may be made or instituted against any of them arising out of the occupancy or use of the premises.

Signature: _____

Printed Name: _____

Address: _____

Phone: _____ Email: _____

Itasca Community Library Card # 21317000 _____