



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<br>Year    | Date | Start | Finish | Room                |
|------------------|------|-------|--------|---------------------|
| January<br>2020  |      |       |        | East/West/Southeast |
| February<br>2020 |      |       |        | East/West/Southeast |
| March<br>2020    |      |       |        | East/West/Southeast |
| April<br>2020    |      |       |        | East/West/Southeast |
| May<br>2020      |      |       |        | East/West/Southeast |
| June<br>2020     |      |       |        | 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 \_\_\_\_\_