

MEETING ROOM REGISTRATION FORM
Jefferson-Madison Regional Library

Expires: _____

Name of Organization _____

Address _____

Purpose of organization (use other side if needed) _____

President/Chairperson _____

Telephone number (Home) _____ (Work) _____ Email address _____

Authorized representative _____

Address _____

Telephone number (Home) _____ (Work) _____ Email address _____

Average attendance _____

I am the authorized representative of this organization. I have received and read the J-MRL's meeting room policy. I agree to comply with its provisions and to inform my group of its content. I agree that all literature and publicity regarding my organization's use of library facilities will clearly identify my organization as both the sponsor of and the source of information about this use of library facilities. It is understood and agreed that I or the group that I represent, may be held financially responsible either individually or collectively for loss or damage to J-MRL's facilities and equipment that may result from our use of facilities.

Date _____ Signature _____

(Parent's signature if the representative is a minor)

FOR LIBRARY USE ONLY

Approved: Yes _____ No _____

Library Representative _____

If not approved, state reason(s) _____