

JMRL MEETING ROOM REGISTRATION FORM

Expires:

Name of Organization:

Address:

Purpose of organization (use other side, if needed):

President/Chairperson:

Phone: (H) (W) Email:

Library Card number:

Authorized Representative:

Phone: (H) (W) Email:

Library Card number:

Average attendance:

I am the authorized representative of this organization. I have received and read the JMRL'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 JMRL'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) _____

