

SALEM PUBLIC LIBRARY

Application for Use of Library Meeting Room

Date of application _____ Date/Time of reservation _____

Name of organization _____

President of organization _____

Mailing address of organization _____

Name of person making application _____

Address of applicant _____

Phone number of applicant _____

Phone number of president _____

Anticipated number of persons that will occupy meeting room _____

Purpose of meeting (25 words or less) _____

The group will use kitchen facilities. Yes _____ No _____

The group will serve food. Yes _____ No _____

The group or person reserving the room is responsible for preservation of order. The library is not responsible for accidents, injury, or loss of individual property while groups are using the building for meetings. The person reserving the room must be 18 years of age or older.

I hereby acknowledge receipt of a copy of the policy concerning use of the Salem Public Library Meeting Room and do hereby agree to abide by these policies.

Signature of person reserving room

Name of organization

adopted 3/7/94