

MEETING ROOM REQUEST FORM

Today's Date: ____ / ____ / ____

Time: _____ AM / PM

Group Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email: _____

Date of Request: ____ / ____ / ____

Time of Request: _____ AM / PM

The group will use kitchen facilities. Yes _____ No _____

Anticipated number of persons that will occupy the meeting room. _____

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. These policies include the requirement for an age recommendation for the stated purpose of the meeting to be included on any advertisements as required by 15 CSR 30-200.015.

Signature of person reserving room