JACK RUSSELL MEMORIAL LIBRARY MEETING ROOM USE RESERVATION FORM

Name of Group or Organization			te of Meeting	
Our Group is: Not-For-Profit		Dat	Date of Application	
Contact Person:	\$80/ Four Hours \$25 each additional hour	Total	e: From To The following equipment is available in the COMMUNITY ROOM Only. Please indicate if you need to use any of the following: Screen Microphone Projector CD Player DVD/Blu-Ray Player White Board	
	ct for Reservation (please	•		
Explain the Purp	ose of Meeting:			
Room Requested	d: Community Room Capacity 100	Conference Ro Capacity 20	om Patio/Balcony Capacity 50/25	
Expected Attend	ance Adults Young	Adults Childr	ren TOTAL	

The undersigned, on behalf of the above-named group/organization, indicates that he/she has read and agrees to abide by the guidelines and procedures outlined in the Jack Russell Memorial Library's Meeting Room Policy. The undersigned also assumes all responsibility for any damages to library facilities and equipment and any loss or damages to personal property. All meeting rooms must be left in the same condition as found. I will report any problems to library staff immediately. Failure to abide by the rules of the meeting room policy may disqualify the group/organization from future use of the meeting rooms. No admission or registration fees may be charged for people attending the group/organization's meeting. The Library is a No Smoking facility, and no alcohol is allowed in the building.

I have read the policy for use of the Jack Russell Memorial Library meeting rooms and agree to the conditions for use described therein.

Signature of Applicant Must Be 18 Years or Older

Approved by the June Jack Russell Memorial Library Board Trustees June 13, 2012, revised 7/8/15; revised 5/11/18; revised 4/6/22

Library Contact Information: Phone: 262-673-8240 / Fax 262-673-8080