

Boone County Library
Meeting Room Application & Policy Agreement

Please Print

Name of Applicant _____

Home Address _____ City _____ State ____ Zip Code _____ Home
Telephone _____ Business Telephone _____

Name of Non-Profit Organization _____

Small Study Room ____ Public Meeting Room (75 people) ____ Small Room (10 people) ____

Date needed _____ (Must be at least 10 days in advance)

Time Needed: Start _____ Finished _____

Number of participants expected _____

Equipment needed _____

Purpose of meeting _____

I have read the attached Boone County Library Meeting Room Policy and agree that my organization will abide by these rules. I further agree that the organization/myself will be responsible for any damages to library property which may occur as a result of my organization's use. I certify that I am authorized to make these representations on behalf of my organization.

Signature _____ Date _____

For Library Staff

Tentative reservation by:

Signature _____ Date _____

Confirmed reservation by:

Signature _____ Date _____

Walk-through after meeting:

Staff _____ Participant _____