

**COMMUNITY MEETING ROOM
APPLICATION**

Phelps Community Memorial Library

and _____

Name of Group

Address

Authorized Group Representative

Telephone

requests to use the Phelps Community Memorial Library Community Meeting Room.

Date of your meeting _____ Time of your meeting _____

Purpose of your meeting _____

Estimated attendance _____

_____ TV with Video/DVD _____ LCD projector _____ training on equipment

The undersigned, on behalf of the above named organization, hereby indicates that he/she has read and agrees to comply with the Phelps Community Memorial Library Board of Trustees policy and procedures governing the use of the library community meeting room. The undersigned assumes all and exclusive responsibility for the preservation of order and the sole responsibility for any injury to persons, damage to library facilities or Library or personal property, or loss of Library or personal property that may result from this use. The Phelps Community Memorial Library will not be responsible for any materials, equipment, or personal belongings left in the Library.

Date of application

Signature of Authorized Group Representative

Date of approval

Signature of Library Director