



# West Bend Community Memorial Library

## Application for Meeting Room Use

Name of Organization	
Name of Applicant	
Address	
City, State, ZIP	
Phone	
Email Address	

**Type of Group:**

Civic                                     Non-Profit  
 Educational                                For-Profit  
 Social  
 Religious  
 Book Group (Title of Book \_\_\_\_\_  
 \_\_\_\_\_)  
 Other (please describe) \_\_\_\_\_

**Rooms Available:**

1<sup>st</sup> Floor Conference Room (20 max)  
 Children's Story Room (35 Max)  
 Tower Room (8 Max)  
 2<sup>nd</sup> Floor Conference Room (10 max)  
*(Please request room desired in chart below)*

Room Requested	Number of People	Date and Start Time of Meeting	Time Room Reserved
			to
			to
			to

**\*Disclaimer for advertising of the program(s) must be bold and in size 18 font. Disclaimer must read:**  
**This event is held at and not sponsored or organized by the West Bend Community Memorial Library or the City of West Bend**

Do you require a projector? \_\_\_\_\_ (we have one Epson projector for rent at \$10 per meeting room rental)

Purpose of Meeting(s): \_\_\_\_\_

The undersigned, on behalf of the above organization, has read and agrees to comply with the policies and procedures governing the use of the library meeting rooms. The applicant also accepts full liability for any damage to the assigned room. The West Bend Community Memorial Library will not be responsible for any materials, equipment, or personal belongings left in the building.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Amount \_\_\_\_\_