

**Green Hills Public Library District
Meeting Room Reservation Application**

Date Application Submitted: _____

Date Requested: _____ Hours Requested: _____

Expected attendance: _____

Room requested (select one): Ground Floor Meeting Room First Floor Meeting Room

Applicant's Full Name: _____ Phone Number: _____

Home Address: _____

Email Address: _____ GHPLD Card #21814: _____

Name of Organization: _____ Phone number: _____

Address of office and/or regular meeting place of organization:

General purpose of use (business meeting, panel discussion, lecture, etc.):

Special requirements, comments: _____

I state the above information is true and correct. I further state that I have received a copy of the Meeting Room Policy adopted by the Board of Trustees of the Green Hills Public Library District, that I (and the above organization), shall abide by said Meeting Room Policy and shall indemnify, defend and hold harmless the Green Hills Public Library District, its Board of Trustees, and staff, from any loss, cost, expense, or damage occasioned by the use of Library property. Failure to abide by the requirements and regulations set forth in this policy will result in a minimum charge of \$100.00.

Applicant's Signature

Approved or Disapproved: _____

Modifications or restrictions, if any: _____

Reason for disapproval, modifications, or restrictions: _____

Authorized Library Representative's Signature