

DRIFTWOOD PUBLIC LIBRARY

APPLICATION TO RESERVE A MEETING ROOM

LIBRARY HOURS: MON-WED, 10 AM-8 PM; THURS-SAT, 10 AM-6 PM;
SUN, 1 PM-5 PM (OCTOBER THROUGH MEMORIAL DAY)

Applicant's/Contact's Name: _____

Group being Represented: _____

Mailing Address: _____

Day Phone: _____ Eve. Phone: _____ FAX: _____

e-mail: _____

Room Requested:	Date Needed:	Time (from ? to ?):	Est. # of Attendees:
Friends (seats 40):			
Fischer (seats 20):			

Describe activities to take place in the meeting room (lecture, slide show, etc):

Please read and initial the following statements:

- _____ The meeting room will be used only for the activities and time approved on this form.
- _____ I am responsible for leaving the room in the same condition that I found it.
- _____ I am responsible for any necessary cleaning of messes and/or repair of damages that result from my groups' use of the room, including the removal of trash.
- _____ The use of this room will not extend beyond library open hours.
- _____ **The only type of refreshment allowed in the room is water. No other food or beverage will be offered or consumed in the room during our meeting there.**

I have read, understand and agree to comply with the room rules set forth by the Driftwood Public Library Board as printed on the reverse of this form. I further agree that I am personally responsible for the repair of damage to equipment and facilities and for the replacement of stolen equipment or furnishing that may occur during my groups' occupation of the room. I agree that Driftwood Public Library will not be held liable for injuries to person or property that result from the activities described above.

Applicant Signature: _____

Staff: Approved: _____ Disapproved: _____ Explanation: _____

All completed and signed applications must be returned to:
KEN HOBSON, DRIFTWOOD PUBLIC LIBRARY
 801 S.W. HIGHWAY 101, LINCOLN CITY, OR 97367
 FAX: 541 996-1262; PHONE: 541 996-1242; E-MAIL: KHOBSON@DRIFTWOODLIB.ORG

