

Lodi Memorial Library Meeting Room Application Form (please print)

PLEASE NOTE: The meeting room is not available before the library opens or when the library is closed. Meetings must end no later than 10 minutes prior to the library's closing time. (*Room capacity=14 people*)

Organization: _____

Purpose of Meeting _____

Organization Address _____

Request filed by _____ Org. Position . _____

Address _____

Phone # Primary _____ Secondary # _____

Email _____ Size of Group _____

Dates/ times requested (*max. 1 per week*) _____

Will refreshments be served? _____ If so, please describe _____

Do you need to use library equipment? Yes _____ No _____ If yes, describe in space below or on back.

I certify that the group I represent is a governmental, non-profit or educational organization or that the meeting is of an educational or cultural nature. I will abide by all library rules and regulations.

Signed: _____
(Contact person/group representative)

Signature above indicates that the signatory and all participants agree to hold harmless Lodi Memorial Library for any damage to persons or property in attendance at said meeting, caused by or resulting from the group's use of the meeting room and for any liability for losses relating to the cancellation with or without cause of an approved meeting.

Approved: _____
(Library Representative)

Form approved by Lodi Memorial Library Board of Trustees August 23, 2011