## **APPLICATION FOR USING LIBRARY MEETING FACILITIES Soldiers Memorial Library**

Application Date:		
Date Requested:	Time Requ	uested:
Group Affiliation:	Educational	
Civic Social	Educational	
	describe.	
Purpose of meeting:		
Contact Person:		
Address:		
	(Home)	
Email:		
Estimated number to a	attend:	
are set up before the m also be the applicant's return them to storage to facilities and/or equ	neeting at such a time as no responsibility to take down if appropriate. The application ipment, and agrees to confi- shments are to be served, it	bility of the applicant to see that chairs t to interfere with library users. It will a chairs at the end of the meeting and ant accepts full liability for any damage ine the organization's activities to the t is the responsibility of the group to
The Soldiers Memoria left in the building.	l Library will not be respor	nsible for any materials or equipment
The SML Building Us	e Policy and Meeting Roor	n Policy list rules and requirements.
	behalf of the organization or	r group, has read and agrees to comply of the Library.

Signature of Applicant

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

Date:

Date: \_\_\_\_\_\_Application valid through: \_\_\_\_\_\_