Meeting Room Reservation Form

Today's Date:	
Contact Name:	
Organization Name:	
Phone Number:	
Address:	
Email:	
Date(s) of Meeting(s):	
Start and End Times of Meeting(s) (including setup	•
Needs: screen laptop kitche	
The fee for the use of the meeting rooms is \$25 per hagencies and 501(c)3 non-profit organizations. There staffing costs for afterhours meetings. This fee will respect to the staffing costs for afterhours meetings.	e is an additional \$25 per hour fee to cover
Reservations are not official until any fees have been	n paid.
In signing below, I agree that I have received a copy of Checklist, have read same and agree to abide by same. User agreements County and save it harmless from and against any an expenses, including reasonable attorney's and other profession and/or damage to property arising from or out of the occupant or any other part of the Building, occasioned wholly or in part subcontractors, officers, agents, contractors or employees.	grees to and does hereby indemnify Library and all claims, actions, damages, liability and all fees, in connection with loss of life, personal injury by or use by User of the Premises or any part thereof
User hereby assumes all risk of damage to the prope from any cause other than an affirmative act of gross negligence be responsible or liable to User, its guests, invitees, subcontract any other occupant of any part of the Premises for any injury of or others as described hereinabove.	ctors, officers, agents, servants and employees, and to
If an organization, I certify that I have authorization from the c	organization to act on its behalf.
Event Contact Signature:	Date:
Staff Signature: I	Date:
\$ Payment received. Magting Poom Policy, Chacklist, and can	y of Reservation Form given to contact