



Date: _____

MEETING ROOM APPLICATION

_____ Branch

Group Name: _____

Group Mailing Address:

Street _____ City _____ Zip _____

Group Representative: _____

Representative Mailing Address:

Street _____ City _____ Zip _____

Phone: _____ Fax: _____

E-mail: _____

Alternate Representative: _____

Alternate Representative Mailing Address:

Street _____ City _____ Zip _____

Phone: _____ E-mail: _____

Nature or purpose of group: _____

Planned Activities: _____

Meeting date requested: _____ Alternate date: _____

Time of meeting (please allow for set-up): _____ Until: _____

Please note that meeting rooms are only available during open library hours.

Number Expected to Attend: _____

Equipment Requested:

Podium Microphone (available Downtown only) VCR/DVD Computer Projector

I agree to defend, indemnify and hold harmless the Spokane Public Library, its departments, employees, agents, officers and volunteers from any and all liability in any and all matters, including any meetings and special events, concerning the above named group or individual.

Signature: _____ Date: _____