

BAY COUNTY LIBRARY SYSTEM
MEETING ROOM APPLICATION FORM

Branch (check one): Auburn _____ Pinconning _____ Sage _____ Wirt _____

Date room is needed: _____ Time needed: from _____ to _____

Name of Group, Organization, Business or other entity: _____

Person making application (must be 21 years of age or older): _____

Address of person making application: _____

Library card or Driver's license/state ID number: _____

Work phone: _____ Home phone: _____ Email: _____

Purpose of meeting: _____

Estimated number of attendees: _____

Equipment needed: _____

I have read and understand the Bay County Library System Meeting Room Policy and agree to assume responsibility for the cost of repair or replacement of damaged or lost furniture or equipment, or of any damage to the room itself, that may occur during use of the meeting room. I further understand that I am responsible for ensuring that the room is left in a clean and orderly condition. I agree to hold harmless the Library, staff, Library Board, or volunteers for any liability for any member attending the program for personal injury, damage, or loss of materials used or left in the building. I attest that all of the information represented on this form is true.

Date _____ Signature of applicant _____