



Bell Memorial Public Library
 101 W. Main St., Box 368
 Mentone, IN 46539
 (574) 353-7234 voice, (574) 353-1307 fax
www.bell.lib.in.us sboggs@bell.lib.in.us

APPLICATION FOR MEETING/CONFERENCE ROOM USAGE

Date Submitted: _____

Room: Bell X-1 (capacity 144) _____ Conference Room (Capacity 40) _____

Day & Date Needed: _____ Start Time: _____ End Time: _____

Is access to room needed previous to start time? (Please list amount of time needed) _____

Group/Company: _____

Name of Applicant: _____

Address: _____

City/State/Zip Code: _____

Phone: _____
 (office)(home)(cell)

Email address: _____

Expected attendance: Adults _____ Children: _____

Equipment requirements Tables: _____ Chairs: _____ Video Proj: _____

Laptop Computer: _____ Microphone/Speaker: _____

Purpose of Meeting: _____

Food or beverages will be served: ? Yes ? No
 (Please see guidelines for food/beverages in room policy)

Event will be open to public: ? Yes ? No

Admission limited to members of organization: ? Yes ? No
 (please note that the library staff will not set the room up for you)

Media will be invited: ? Yes ? No

Event: Open to the public: ?Yes ?No

Room Charges. Please make checks payable to the Bell Memorial Public Library

Fee Required: ?Yes ?No _____

Liability Waiver/Indemnification Agreement

All users are required to return room to a clean state previous to departing. This includes vacuuming the carpet, cleaning the counters/sink and taking out the trash (dumpster is behind building).

Users who do not clean-up room after usage will be charged a considerable cleaning fee.

I have received, read, understood and agree to comply with the Bell Memorial Public Library meeting room policies.

I hereby fully release and discharge the Bell Memorial Public Library, its officers, agents and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with, the above meeting(s) in the Bell Memorial Public Library.

Applicant Name Printed: _____

Signature of Applicant

Date: _____

Organization
Name: _____

Note: Library retains original application, applicant should be given a copy for their records.

<p><i>Library Use Only:</i></p> <p>Application Received by: _____ Date: _____</p> <p>Confirmed (date) _____</p> <p>Was applicant given copy of meeting room policies? _____</p> <p>Room Inspection (date) _____ By: _____</p>
