

**SOUTH GEORGIA REGIONAL LIBRARY
MEETING ROOM RESERVATION APPLICATION & AGREEMENT FORM**

Today's date: _____ Expected number of attendees: _____

Room Requested:

Community Hall 1 Community Hall 2 Community Hall 3 Study Room 116

Other Specify Member Library: _____

You may request up to 3 meetings, 1 per month, in the next 3 months.

Date of meeting: _____ Time requested from: _____ to _____

Date of meeting: _____ Time requested from: _____ to _____

Date of meeting: _____ Time requested from: _____ to _____

Name of person agreeing to assume responsibility for Library facility: _____

Library card number: _____

Address: _____

City/State/Zip: _____

Telephone numbers: Business: _____ Personal: _____

Organization meeting room applicant represents: _____

Mailing address: _____

Telephone number: _____

Is this organization: Non-profit For-profit

I hereby agree for myself and on behalf of the organization I represent wishing to utilize the Library meeting room and to indemnify and hold harmless the South Georgia Regional Library System, its affiliates, and their respective board members, employees, volunteers, and agents from and against any and all claims, loss, cost and expense (including legal fees and expense and cost of settlement) arising from or relating to the use of the Library meeting room by said organization and its members, invitees, and attendees and from any breach or violation by any of them the South Georgia Regional Library System's *Policy, Guidelines, and Procedures for Public Use of Library Meeting Rooms* (copies of which I acknowledge I have received, read, understand, and hereby agree for myself and on behalf of the organization I represent wishing to utilize the Library meeting room to abide by).

Signature: _____ Date: _____

The South Georgia Regional Library has my permission to give out my name and telephone number to anyone inquiring about this program. _____ Initials

OFFICE USE ONLY

Date & Time application received: _____ Received by: _____

Application approved _____/Denied _____ By: _____ Date: _____