

Fenton Free Library

LIBRARY MEETING ROOM APPLICATION

Primary Contact _____ Today's date _____

Organization _____ Phone _____

Educational Cultural Civic Recreational

No fee may be charged for admission to a meeting in a Library meeting.

Address _____

Email Address _____

Date of Event _____ Start Time _____ End Time _____

Expected number of attendees _____

Meeting Topic _____

Memorial Room
Maximum Occupancy—10

Upstairs Area
Maximum Occupancy—15

General Library

Number of tables needed _____

**Meetings may be scheduled during the library's open hours only. Meetings must adjourn at least 15 minutes before the library's scheduled closing time. If a meeting is cancelled, I agree to notify the library as far in advance as possible.*

I have read the Meeting Room Policy and agree to comply with the terms of use. I understand that failure to comply with these rules may result in expulsion and denial of future reservations. I understand that the Fenton Library and its insurers shall not be responsible or liable for loss or damage to any items owned by me or my group that are used during our event. I understand that my organization assumes responsibility for any damage to the room and contents.

Signature of Primary Contact _____ Date ____/____/____

Please note: Meeting room reservations are not confirmed until this completed form has been confirmed by designated library personnel.

FOR LIBRARY USE ONLY

Application approved Application denied

Reason for denial: _____

Signed _____ Date _____