

MEETING ROOM APPLICATION

After completion, return by one of the following:

- FAX: 740-387-9768
 - Email to psiegfried@marion.lib.oh.us
- I will email confirmation upon receipt of application.



Note You are limited to TWO room reservations per month

Organization			
Description			
Address			
Phone		Web	
Email			
Type of Organization:	<input type="checkbox"/> Civic	<input type="checkbox"/> Community	<input type="checkbox"/> Professional Association
	<input type="checkbox"/> School	<input type="checkbox"/> Faith-based	<input type="checkbox"/> Business
	<input type="checkbox"/> Government	<input type="checkbox"/> Social	<input type="checkbox"/> Other
Meeting Purpose			
Application Date			
Meeting Date		Time	
Room	<input type="checkbox"/> SMALL (25) 2 Tables 25 Chairs		<input type="checkbox"/> LARGE (50) 6 Tables 50 Chairs
<p>The meeting room application must be made by an adult, who:</p> <ul style="list-style-type: none"> • will be present at the event, • will be responsible for the orderly conduct of the group, • will be held liable in the event of any damage to library property. <p>I have read the Meeting Room Use Policy and agree to all of the terms.</p>			
Printed Name		Date	
Signature		Title	

Reservation Taken by: _____

NOTES: MPL encourages groups using the meeting rooms to car pool when possible.