

Meeting Room Application

Name of Organization or Applicant:

Address:

Phone Number:

Purpose:

Topic:

Date Requested:

Do you plan to distribute literature? Yes No

Additional Information:

It is hereby understood and agreed, if this application is granted, the undersigned will assume all and exclusive responsibility for the preservation of order and the sole and exclusive liability for any injury to persons, and any damage to, or loss of property that may result from this use; and for the due observance of all regulations of the Board of Library Trustees. The organization agrees to indemnify the Havana Public Library District and hold the same harmless against all claims, demands, damages, costs and expenses including reasonable attorneys' fees for the defense of such claims, arising out of the organization's use of the meeting room.

Officer/Applicant: _____ Date: _____

Please address this application to:

Director

Havana Public Library District

201 West Adams Street

Havana, IL 62644

Office Use Only

CONFIRMATION OF RESERVATION

Reservation is hereby approved and confirmed of the space required as indicated above.

Refundable \$10 room deposit has been received? Yes No

If yes, how was it paid: _____

Date: _____

Havana Public Library Director's Signature: _____