Meeting Room Use Agreement

I have read the meeting room policy and regulations governing the use of the meeting rooms and I agree to take responsibility for full compliance with these policies and regulations. I understand that failure to do so may prevent future use of the meeting room. The Library will make every effort to accommodate terms of request; however, I understand that the Library's use of the meeting rooms is given first priority, and, occasionally, the library might ask the requestor to reschedule.

Name of the Organizational Group:	
Date(s) of the Event:	
Beginning Time:am/pm Er	nding Time:am/pm Estimated Attendance:
Purpose of Event:	
Contact Person:	
Address (Street):	
(City):	(zip code)
Phone (Day):	(Evening)
Please check special equipment needed:	
	Laptop computer with internet access: Television: Slide screen: pjector: VCR: CD/Cassette Player:
* Library staff will not be available to assist assume financial responsibility for damage	t with or run any equipment so the organization must provide a qualified operator and to or replacement of equipment.
Please check desired room:	
Half Meeting Room (Maximum 80)	Full Meeting Room (Maximum 160)
Conference Room (Maximum 8)	Children's Room (Maximum 60)
Requestor's signature:	Date:
Library Staff Taking Reservation:	Date:
Staff Approval:	Date:

Library Contact Person:

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