

Conyers-Rockdale Library System
MEETING ROOM APPLICATION

Contact Person/Requestor: _____

Name of Organization: _____

Address of Organization: _____

City: _____ State: _____ Zip Code: _____

Phone #: (H) _____ (O) _____ (Fax) _____

Email: _____

Program Title: _____

Brief description of program: _____

If applicable, name of speaker: _____

Anticipated attendance: _____ Not to exceed 300 persons

Date of Meeting: _____ Day of Meeting: _____ Time: _____ am/pm To _____ am/pm
(Request must be submitted at least 10 days prior to event & not more than 3 months in advance.)

Are you a first time user of meeting rooms? [] Yes [] No

Fees: The meeting room recovery fee is \$100 per day. Please send a check for \$100 with your application made out to Conyers Rockdale Library System. If your application is not approved your check will be returned.

IT IS THE GROUP'S RESPONSIBILITY TO MAKE SURE THE ROOM IS SET UP APPROPRIATELY.

I have received, read, understand, and agree to comply with the Conyers-Rockdale Library's Meeting Room Policy and Use Procedures. I hereby fully release and discharge the library, its officer, agents, and employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above meeting(s) in the Conyers-Rockdale Library. I further agree to indemnify and hold harmless and defend the Conyers-Rockdale Library, its officers, agents, and employees from any and all claims resulting from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with, the above meeting(s) in the Conyers-Rockdale Library.

Signature of Contact Person/Requestor Date

Approved by: _____
Library Director Date