

**BAY COUNTY LIBRARY SYSTEM
MEETING ROOM APPLICATION FORM**

Branch (check one): Auburn _____ Pinconning _____ Sage _____ Wirt _____

Dates and Times room is needed:

Name of Group: _____

Name of person applying (must be 18 years of age or older): _____

Address of applicant: _____

Library card number _____

Phone: (____) _____ - _____ Estimated number of attendees: _____

Email: _____

Purpose of meeting: _____

EQUIPMENT NEEDED:

DVD SCREEN PROJECTOR LECTERN LAPTOP CHAIRS

TABLES MICROPHONE CHROMEBOOKS (Wirt Only)

*NO EQUIPMENT NEEDED

GROUP IS RESPONSIBLE FOR SET-UP AND TEAR DOWN

***If checked no equipment will be available the day of the event. If no boxes are checked it will be assumed no equipment is needed and none will be available the day of the event. Patrons need to know how to use the equipment requested as there may not always be a staff member available to assist.**

I have read and understand the Bay County Library System Meeting Room Policy and agree to assume responsibility for the cost of repair or replacement of damaged or lost furniture or equipment, or of any damage to the room itself that may occur during use of the meeting room. I further understand that I am responsible for ensuring that the room is left in a clean and orderly condition. I agree to hold harmless the Library, staff, Library Board, or volunteers for any liability for any member attending the program for personal injury, damage, or loss of materials used or left in the building. I attest that all of the information represented on this form is true.

Date _____ Signature of applicant _____