DOUGLAS COUNTY PUBLC LIBRARY COMMUNITY MEETING ROOM APPLICATION & AGREEMENT

Name of Organization:	
Date & time of meeting(s):	
Library-owned tech equipment needed? (i.e. Yes No	, PC, digital projector, internet, etc.; circle one)
 If scheduling a one-time meeting, plea For recurring meetings, use day of the month; resubmit recurring meeting ap Include starting & ending times (include) 	e month (i.e., 2 nd Tuesday every month; limit: 1 per oplication every 6 months).
Responsible parties – list two (2) people to c	ontact:
Name 1.	Name 2.
Address 1.	Address 2.
Phone 1.	Phone 2.
Will refreshments/food be served? Yes Will there be craft projects?	No No
1/1/2019). We further agree that our group employees and representatives harmless for	de by the Community Meeting Room Policy (effor and its members will hold Douglas County and its rany personal injury or loss incurred by our group's will be obligated to reimburse Douglas County for any of legal action taken against our group.
	ervation is confirmed. (You will be notified by staff eservation is final.)
I,	, have been given a copy of the Community
(Patron Name – Please Print)	Meeting Room Policy and Procedures handout
I have read and understand the policy and policy and follow the procedures provided.	rocedures and agree to abide by the rules in the
(Patron Signature)	(Date)
Library Staff Use Only: Patron was provided with Community Meeting Ro Patron notified reservation confirmed: Date	