



# Wells County Public Library

## Bluffton Meeting Room Application

Name of organization \_\_\_\_\_  
Not-for-profit group or organization? Yes \_\_\_ No \_\_\_ Tax Exempt ID # \_\_\_\_\_  
Date of meeting \_\_\_\_\_  
Time of meeting From \_\_\_\_\_ To \_\_\_\_\_  
Purpose or subject of meeting \_\_\_\_\_

Room(s) Requesting: (Please check) \_\_\_ Large Meeting Room \_\_\_ Small Meeting Room  
\_\_\_\_\_ Both Meeting Rooms

Est. attendance: \_\_\_\_\_ Is meeting open to the public? Y/N Will the kitchenette be used? Y/N

### Library equipment needed: Please check.

<input type="checkbox"/> Carousel Slide Projector	<input type="checkbox"/> Lapel Microphone	<input type="checkbox"/> Portable Stage
<input type="checkbox"/> CD/Cassette Player	<input type="checkbox"/> Marker Board	<input type="checkbox"/> TV
<input type="checkbox"/> Coat Rack	<input type="checkbox"/> Opaque Projector	<input type="checkbox"/> Video Camera
<input type="checkbox"/> Cordless Microphone	<input type="checkbox"/> Overhead Projector	
<input type="checkbox"/> Digital Piano(\$10.00 fee)	<input type="checkbox"/> Podium	
<input type="checkbox"/> DVD Player	<input type="checkbox"/> Portable Speaker System	

Name of person making application \_\_\_\_\_  
Title of person making application \_\_\_\_\_  
Library Card # \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, as a responsible representative of the organization making application for the library meeting room use, have read and do agree to abide by the attached rules and policy. Any publicity for the event must contain the following disclaimer: ***“The use of the Wells County Public Library’s meeting facility does not constitute the library’s endorsement and sponsorship of the program or the organizer’s policies and beliefs.”*** A copy of the publicity will be sent to the library prior to the event. The library does not assume any responsibility or liability for the security of personal or organizational items.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
All applications must be approved by the library director.  
Approved \_\_\_\_\_ Not approved \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Fee _____ Tax _____ PAYMENT TOTAL _____ Cash / Credit Card / Check
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