



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 Large and Small Meeting Rooms ___ Parlor

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

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 _____

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