



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.

| | | |
|------------------------------|------------------------|--------------------|
| ___ Blu-ray/DVD Player | ___ Keyboard | ___ Portable Stage |
| ___ Carousel Slide Projector | ___ Lapel Microphone | ___ TV |
| ___ CD/Cassette Player | ___ Marker Board | ___ Video Camera |
| ___ Coat Rack | ___ Overhead Projector | ___ |
| ___ Cordless Microphone | ___ 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 as well as public health recommendations and requirements. 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 or any injury, illness, disease, disability, or death. Failure to follow the meeting room rules may result in fees and/or denial of future room use.

Signed _____ Date _____

All applications must be approved by the library director.

Approved _____ Not approved _____

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