

**APPLICATION FOR USE OF MEETING ROOM**  
**Michigan City Public Library**

1<sup>st</sup> or 2<sup>nd</sup> Meeting this year? \_\_\_\_\_

Application Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Profit  Non-Profit

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact phone # for the public \_\_\_\_\_

Describe fully the purpose of your meeting \_\_\_\_\_

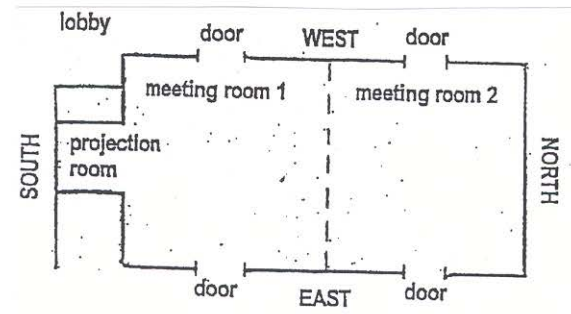
Date & Time of Meeting \_\_\_\_\_ How many people will attend the meeting? \_\_\_\_\_

Is it open to the public? \_\_\_\_\_ Will you serve food/coffee? \_\_\_\_\_

Please indicate the seating you wish on the diagram

Approximate  
Number of People  
\_\_\_\_\_

(dotted lines indicate  
folding door)



- Check one:
- Theater-style seating  
(Rows of chairs  
facing north wall)
- Tables & Chairs  
(Please indicate on diagram)

**PLEASE INDICATE THE EQUIPMENT YOU WILL NEED:**

Number of Chairs \_\_\_\_\_ Number of Tables \_\_\_\_\_ Display Boards \_\_\_\_\_ Microphone(s) \_\_\_\_\_ Podium \_\_\_\_\_  
DVD/Computer \_\_\_\_\_ Video Projector \_\_\_\_\_ (indicate DVD/Computer) Easel \_\_\_\_\_ Coffee Pot \_\_\_\_\_

**THIS FORM AND ALL FEES ARE DUE AT LEAST ONE WEEK PRIOR TO YOUR PROGRAM**

I have read the attached meeting room policy and I agree to carry liability insurance or shall promise to hold harmless and indemnify the owners from all damages or claims for damages or injury. I assume full responsibility for any damages to the building or other library property incurred while using the facilities.

Your signature \_\_\_\_\_

Position with organization \_\_\_\_\_