

**BAY COUNTY LIBRARY SYSTEM**  
**MEETING ROOM APPLICATION FORM**

Branch (check one): Auburn \_\_\_\_\_ Pinconning \_\_\_\_\_ Sage \_\_\_\_\_ Wirt \_\_\_\_\_

Date room is needed: \_\_\_\_\_ Time needed: from \_\_\_\_\_ to \_\_\_\_\_

Name of Group, Organization, Business or other entity: \_\_\_\_\_

Person making application (must be 21 years of age or older): \_\_\_\_\_

Address of person making application: \_\_\_\_\_

Library card or Driver's license/state ID number: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

\_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_

Equipment needed: \_\_\_\_\_

I have read and understand the Bay County Library System Meeting Room Policy and agree to assume responsibility for the cost of repair or replacement of damaged or lost furniture or equipment, or of any damage to the room itself, that may occur during use of the meeting room. I further understand that I am responsible for ensuring that the room is left in a clean and orderly condition. I agree to hold harmless the Library, staff, Library Board, or volunteers for any liability for any member attending the program for personal injury, damage, or loss of materials used or left in the building. I attest that all of the information represented on this form is true.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_