

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

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

Dates and Times room is needed:

\_\_\_\_\_

Name of Group: \_\_\_\_\_

Name of person applying (must be 18 years of age or older): \_\_\_\_\_

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

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

Work phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home/Cell phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

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

**EQUIPMENT NEEDED:**

- DVD     SCREEN     PROJECTOR     LECTERN     LAPTOP
- \*NO EQUIPMENT NEEDED

**GROUP IS RESPONSIBLE FOR SET-UP AND TEAR DOWN**

**\*If checked no equipment will be available the day of the event. If no boxes are checked it will be assumed no equipment is needed and none will be available the day of the event.**

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 \_\_\_\_\_