

**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 applicant: \_\_\_\_\_

Library card number \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Estimated number of attendees: \_\_\_\_\_

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

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

\_\_\_\_\_

**EQUIPMENT NEEDED:**

DVD  SCREEN  PROJECTOR  LECTERN  LAPTOP  CHAIRS  
 TABLES  MICROPHONE  \*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. Patrons need to know how to use the equipment requested as there may not always be a staff member available to assist.**

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 \_\_\_\_\_

4-27-11 board approved  
6-4-12 revised  
6-7-17 revised  
4-26-23 revised