



Meeting Room Application

Office Use Only
Received by _____
Date _____
Payment _____

Name of Organization	
Purpose of Meeting	
Name of Applicant	
Address	
City, State, ZIP	
Phone	
Email Address	

Rooms Available:

Cost: \$25/hour

- 1st Floor Conference Room (20 max)
- Children’s Story Room (35 Max)
- Tower Room (8 Max)
- 2nd Floor Conference Room (10 max)
- (Please request room desired in chart below)*

Room Requested	Number of People	Date and Start Time of Meeting	Time Room Reserved
			to
			to
			to

***Disclaimer for advertising of the program(s) must be bold and in size 18 font. Disclaimer must read:**

This event is held at and not sponsored or organized by the West Bend Community Memorial Library or the City of West Bend

The undersigned, on behalf of the above organization, has read and agrees to comply with the policies and procedures governing the use of the library meeting rooms. The applicant also accepts full liability for any damage to the assigned room. The West Bend Community Memorial Library will not be responsible for any materials, equipment, or personal belongings left in the building.

Signature of Applicant: _____ Date: _____