

Boulder City Library Community Room Application

***Required Information**

Please Print

*Name of group or organization: _____

Purpose of organization: _____

*Day & Date of meeting: _____
(Please list specific dates.)

*Beginning time: _____ *End time: _____

*Type of meeting: _____

Estimated attendance: _____

Equipment needs: _____

*Will refreshments be served? _____ Yes _____ No

I have read the statement of policy regarding the use of the Community Room, and as a responsible officer/member of this organization, I agree to the conditions set forth in the policy statement. I (we) hereby indemnify and hold harmless and release the Boulder City Library District, its agents and employees from any and all liability, including any injury suffered by users of this facility arising from or connected with this program/meeting.

*Signature: _____

*Name printed: _____

*Library Card #: _____

*Title or office in organization: _____

*Mailing Address: _____

*Primary Phone: _____ 2nd Phone: _____

Secondary contact name: _____

Secondary contact phone: _____

Updated 7/2/15

Library Use Only: Date Received: _____ Received by: _____

Approved by: _____ Room: Large: ___ Small: ___ Both: ___ Date entered on calendar: _____

Confirmation Method: In Person: ___ Phone: ___ Email: ___ Other: _____ Confirmation Date: _____

Notes: _____

