

# **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

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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: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_

Secondary contact phone: \_\_\_\_\_

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## **Library Use Only:**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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