

## Application to use the Community Room at Rosemary Garfoot Public Library

Application on behalf of \_\_\_\_\_  
Name of organization or Individual

For use of \_\_\_\_\_  
Specify both rooms or one room

Is your group a nonprofit organization? \_\_\_\_\_ Fee? \_\_\_\_\_

Anticipated attendance \_\_\_\_\_

Check here if using kitchen \_\_\_\_\_

Purpose of use \_\_\_\_\_  
Nature of meeting (please indicate here if meeting is open to the public)

**A. Single Meeting**

Applications for the use of the meeting rooms are accepted up three months in advance

On: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_  
Date

**B. Series of Meetings**

Applications for the use of the meeting rooms are accepted up three months in advance

On: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_  
Date

Permission to bring into the building: \_\_\_\_\_

Note: smoking and alcohol are not permitted in the building or on the grounds near the library.

I, the undersigned, of legal age, have read the meeting room policy and regulations and agree to comply. I am responsible to the Village of Cross Plains and Rosemary Garfoot Public Library for the use and care of village and library property. The Village of Cross Plains, the Library Board, and the employees, officers and agents of these bodies assume no liability for any injury, or loss of property that may result from the use of the facility.

I understand my responsibilities as the signer include:

- a) Payment for damage to village or library property.
- b) Enforcing the Meeting Room Regulations.
- c) Reporting the number of people in attendance.
- d) Securing the building if my group is the last to exit the building.

Name (please print)	Home telephone number	Work telephone number
Address	City	Zip code
		Signature of Applicant