

# Meeting Room Request Form

Amos Memorial Public Library • 230 E. North St. • Sidney, Ohio 45365 • 937.492.8354 Ext. 120 • FAX 937.492.9229

For more information or to return this form by e-mail, contact Cindy: [amplprograms@gmail.com](mailto:amplprograms@gmail.com)

**Please read our meeting room policy before completing this form.**

**NOTE: YOU WILL NEED TO COMPLETE A FORM FOR EACH DATE REQUESTED.**

Community Room \_\_\_\_\_ Lower Level Meeting Room \_\_\_\_\_

Date Needed: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Meeting Time: (Start) \_\_\_\_\_ (to) \_\_\_\_\_

**NOTE: When your meeting is before the library is open, the only doors that will be open are the ones facing Main Street off of the parking lot. Also, because special arrangement must be made for staffing for early times, doors will not be open earlier than stated time.**

*Please allow time to set up and clean up. Meeting room must be vacated five minutes prior to Library closing. It is the responsibility of the organization to make sure the room is clean after your event. Failure to comply may result in a group or individual being denied future use of library meeting space. All trash must be in the trash cans provided. We provide dishcloths, dish towels, dish soap etc. — all other supplies must be provided by the organization.*

Room Set-up: We have a standard set-up. (See diagram) If you would like a different set-up, feel free to move it as you wish, but we ask that you place the tables and chairs back to the original setup they were in when you came in.

Purpose of Meeting: \_\_\_\_\_

Estimated Audience: \_\_\_\_\_ Will refreshments be served? YES NO

What type of refreshments will you have? \_\_\_\_\_

What audio-visual equipment do you need? \_\_\_\_\_

\_\_\_\_\_ Dry Eraser Board (portable) \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Driver's License: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

May the library give your telephone number to anyone inquiring about your event? YES NO

I, the undersigned, being eighteen years of age or older, have read the **Meeting Room Policy** and agree to comply. I agree to be responsible to the Amos Memorial Public Library for the use and care of the library property and facilities. I understand that I will be responsible for my event and any damages caused during it. I will also be responsible for any cleanup needed. In addition, I certify that I will **NOT** solicit patrons within the library.

Signature of Contact Person \_\_\_\_\_ Date \_\_\_\_\_

*Please be aware when submitting this form by fax, e-mail or in person, approval of this request is at the discretion of the library. The library reserves the right to refuse any request based on our policies or by decision of our Board of Trustees. Most often, you will be contacted by phone or e-mail within one or two business days to confirm your request.*