

**Wright Memorial Public Library  
Meeting Room Reservation Agreement**

**Guidelines**

Date of request: \_\_\_\_\_

- Reservations are taken for the current month and for the next two future months.
- Only groups can make reservations. A group has a minimum of 3 people.
- Groups can make up to four reservations per month.
- All rooms can be reserved for a maximum of 4 hours at a time.
- More than one room cannot be reserved by a group for the same time.
- The Library has the right to place groups in rooms based on the library's scheduling needs.

**Contact Information**

Name of the person reserving the room: \_\_\_\_\_  
(This person is responsible for the condition of the room being used)

Wright Library card number: \_\_\_\_\_ Driver's License number: \_\_\_\_\_

Group name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Description of event/activity for which the room is being used: \_\_\_\_\_  
\_\_\_\_\_

**Event Information**

Requested room:  Community Room     Aberdeen Conference Room     Lower Level Conference Room

Date(s) requested: \_\_\_\_\_  
\_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Maximum number of attendees expected: \_\_\_\_\_

**Equipment requested:**

Community Room:

Chairs \_\_\_\_\_ (# needed)     Tables \_\_\_\_\_ (# needed)     Kitchenette/sink     Screen (television)

Lower Level Conference Room:  Screen (television)

I have read and understand Wright Library's Meeting Rooms policy, and I accept responsibility for ensuring that the group I represent adheres to this policy while using the library's meeting rooms.

I also agree to indemnify and hold harmless Wright Memorial Public Library, its agents, and its employees from all liability, claims, damages, or costs, for or arising out of this event, whether caused by my negligence, Wright Memorial Public Library's negligence, or negligence by either party's agents or employees.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_