

Meeting Room Application

Name of Organization or Purpose _____

Contact Person _____

Address _____

Email _____

Phone Number _____

Date of Meeting _____

Time of Meeting: From _____ To _____

Will refreshments be served? Yes _____ No _____

The person who signs this reservation form shall be responsible for problems or costs resulting from the specified use. Groups accept responsibility for the repair or replacement of damaged or missing facilities or equipment. Children's groups must be supervised by an adult sponsor.

I have received a copy of the Meeting Room Policy and understand and comply with all its regulations.

_____ Signature

The Hamburg Public Library Board of Trustees or the City of Hamburg is not responsible for accidents, injury or loss of individual property while using the meeting room.

Approval Signature: _____