



LaGrange Association Library

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Meeting Room Application

Applicant's Name _____ Date of Application _____

Applicant's Address _____

Phone Number _____ Email Address _____

Name of Organization _____

Dates & Times (include start time & end time) of Meeting/Event _____

Purpose of Meeting/Event _____

Room Requested:

() Community Room (occupancy 49) () Conference Room (occupancy 19)

Expected Number of Attendees _____

A/V Needed _____

I have read the LaGrange Library Meeting Rooms Policy and agree to abide by its rules and regulations and to be responsible for damages to the Library equipment, furniture and/or facilities during my scheduled use of the room. I agree to indemnify and hold harmless the Library and all its officers, employees, and agents from any and all claims, demands, suits, causes of action or judgments any person may have as a result of the damages suffered while utilizing the meeting room.

Applicant's Signature _____ Date _____

Revised 9/21