



95 SE 1st Street • Linton, IN 47441 • P: 812-847-7802 • F: 812-847-4695
www.lintonpl.lib.in.us

PROGRAM ROOM REQUEST FORM

Group Requesting Use of Room:

Phone:

() _____

Contact Person:

Date Requested:

(one form must be filled out for each date)

Address:

Time: From _____ to _____

Expected Attendance: _____

Requested Equipment: (Please check items needed and provide numbers as necessary)

- ___ Tables (# _____)
- ___ Chairs (# _____)
- ___ Laptops (# _____)
- ___ Laptop Projector
- ___ Projection Screen

- ___ Podium
- ___ Microphone
- ___ CD Player
- ___ Dry Erase Board Supplies
- ___ Overhead Projector
- ___ Speaker Phone

AFTER HOURS USE: A person must be designated to be in charge when a group leaves after the library has closed. Please see the front desk for closing instructions.

Name: _____

Address: _____ Phone: () _____

I have read and agree to abide by the Program Room Use Policies.

X _____ Date: _____

Signature of Contact Person

The undersigned agrees to hold harmless and indemnify the Linton Public Library, its board of trustees, and employees for any personal injury sustained by the undersigned or by any person using or present in the Program Room during the undersigned's reservation and use of the Program Room, regardless of whether that injury arises out of the unintentional acts or omissions of the Linton Public Library, its board of trustees, or employees, or the intentional or unintentional acts of any other person or entity. The undersigned further agrees to hold harmless and indemnify the Linton Public Library, its board of trustees, and employees for any damage to or loss of the personal property of the undersigned or any damage to or loss of the personal property of any person using or present in the Program Room during the undersigned's reservation and use of the Program Room.

Library Approval: _____ Date: _____